SAMPLE SELECTED MEASURES (COM) REPORT – CRS 2008 V.8.0
ALL PERFORMANCE MEASURE TOPICS

Cover Page

*** IHS 2008 Selected Measures with Community Specified Report ***
CRS 2008, Version 8.0
Date Report Run: Jan 17, 2008
Site where Run: DEMO INDIAN HOSPITAL
Report Generated by: KLEPACKI,STEPHANIE
Report Period: Jan 01, 2007 to Dec 31, 2007
Previous Year Period: Jan 01, 2006 to Dec 31, 2006
Baseline Period: Jan 01, 2000 to Dec 31, 2000

Measures: Selected Measures (User Defined)
Population: AI/AN Only (Classification 01)

RUN TIME (H.M.S): 0.34.5

Denominator Definitions used in this Report:

ACTIVE CLINICAL POPULATION:
1. Must reside in a community specified in the community taxonomy used for this report.
2. Must be alive on the last day of the Report period.
3. User defines population: a) Indian/Alaska Natives Only - based on Classification of 01; b) Non AI/AN (not 01); or c) Both.
4. Must have 2 visits to medical clinics in the 3 years prior to the end of the Report period. At least one visit must include: 01 General, 06 Diabetic, 10 GYN, 12 Immunization, 13 Internal Med, 20 Pediatrics, 24 Well Child, 28 Family Practice, 57 EPSDT, 70 Women's Health, 80 Urgent, 89 Evening. See User Manual for complete description of medical clinics.

USER POPULATION:
1. Definitions 1-3 above.
2. Must have been seen at least once in the 3 years prior to the end of the Report period, regardless of the clinic type.

A delimited output file called SK80TCOMALLINDS2008011708PRT
has been placed in the public directory for your use in Excel or some other software package.
See your site manager to access this file.

Community Taxonomy Name: DEMO GPRA COMMUNITIES
The following communities are included in this report:

COMMUNITY #1	COMMUNITY #2	COMMUNITY #3
COMMUNITY #4	COMMUNITY #5	COMMUNITY #6

PLEASE NOTE: This is a sample Selected Measures w/Community Specified (COM) report for all measures, which has been compiled from CRS 2008 (BPG version 8.0). Some manual formatting has been done to condense the report for printing purposes. Your report may not appear exactly the way this report does.

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Diabetes Prevalence

Denominator(s):
All User Population users. Breakdown by gender and by age groups: <15, 15-19, 20-24, 25-34, 35-44, 45-54, 55-64, >64.

Numerator(s):
Anyone diagnosed with Diabetes at any time before the end of the Report period.
Anyone diagnosed with Diabetes during the Report Period.

Logic:
Age is calculated at the beginning of the Report Period. Diabetes diagnosis is defined as at least one diagnosis 250.00-250.93 recorded in the V POV file.

Performance Measure Description:
Continue tracking (i.e., data collection and analyses) Area age-specific diabetes prevalence rates to identify trends in the age-specific prevalence of diabetes (as a surrogate marker for diabetes incidence) for the AI/AN population.

Past Performance and/or Target:
IHS Performance: FY 2007 - 11%, FY 2006 - 11%, FY 2005 - 11%, FY 2004 - 10%

Source:
HP 2010 5-2, 5-3

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# User Pop	2,778		2,353			2,337		
# w/ any DM DX	228	8.2	216	9.2	-1.0	196	8.4	-0.2
# w/ DM DX w/in past year	129	4.6	124	5.3	-0.6	99	4.2	+0.4

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Diabetes Prevalence (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# Male User Pop	1,303		1,099			1,106		
# w/ any DM DX	94	7.2	88	8.0	-0.8	71	6.4	+0.8
# w/DM DX w/in past year	62	4.8	64	5.8	-1.1	47	4.2	+0.5
# Female User Pop	1,475		1,254			1,231		
# w/ any DM DX	134	9.1	128	10.2	-1.1	125	10.2	-1.1
# w/ DM DX w/in past year	67	4.5	60	4.8	-0.2	52	4.2	+0.3

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Diabetes Prevalence (con't)

	TOTAL USER POPULATION Age Distribution							
	<15	15-19	20-24	25-34	35-44	45-54	55-64	>64 yrs
CURRENT REPORT PERIOD								
Total # User Pop	704	233	251	389	366	375	243	217
# w/ DM DX ever	1	3	5	33	45	59	40	42
% w/ DM DX ever	0.1	1.3	2.0	8.5	12.3	15.7	16.5	19.4
# w/DM DX in past yr	0	2	0	9	29	39	25	25
% w/DM DX in past yr	0.0	0.9	0.0	2.3	7.9	10.4	10.3	11.5
PREVIOUS YEAR PERIOD								
Total # User Pop	703	223	235	340	291	251	166	144
# w/ DM DX ever	3	3	8	32	43	49	39	39
% w/ DM DX ever	0.4	1.3	3.4	9.4	14.8	19.5	23.5	27.1
# w/DM DX in past yr	1	2	2	9	23	30	29	28
% w/DM DX in past yr	0.1	0.9	0.9	2.6	7.9	12.0	17.5	19.4
CHANGE FROM PREV YR %								
w/ DM DX ever	-0.3	-0.1	-1.4	-0.9	-2.5	-3.8	-7.0	-7.7
w/DM DX in past yr	-0.1	-0.0	-0.9	-0.3	+0.0	-1.6	-7.2	-7.9
BASELINE REPORT PERIOD								
Total # User Pop	787	207	216	329	291	227	138	142
# w/ DM DX ever	2	4	12	21	38	46	29	44
% w/ DM DX ever	0.3	1.9	5.6	6.4	13.1	20.3	21.0	31.0
# w/DM DX in past yr	2	1	3	7	18	21	19	28
% w/DM DX in past yr	0.3	0.5	1.4	2.1	6.2	9.3	13.8	19.7
CHANGE FROM BASE YR %								
w/ DM DX ever	-0.1	-0.6	-3.6	+2.1	-0.8	-4.5	-4.6	-11.6
w/DM DX in past yr	-0.3	+0.4	-1.4	+0.2	+1.7	+1.1	-3.5	-8.2

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Diabetes Prevalence (con't)

MALE USER POPULATION

Age Distribution

	<15	15-19	20-24	25-34	35-44	45-54	55-64	>64 yrs
CURRENT REPORT PERIOD								
Total MALE User Pop	371	108	109	156	169	173	122	95
# w/ DM DX ever	0	2	1	7	19	28	22	15
% w/ DM DX ever	0.0	1.9	0.9	4.5	11.2	16.2	18.0	15.8
# w/DM DX in past yr	0	1	0	4	15	18	15	9
% w/DM DX in past yr	0.0	0.9	0.0	2.6	8.9	10.4	12.3	9.5
PREVIOUS YEAR PERIOD								
Total MALE User Pop	371	112	101	130	136	114	76	59
# w/ DM DX ever	1	2	2	7	18	24	21	13
% w/ DM DX ever	0.3	1.8	2.0	5.4	13.2	21.1	27.6	22.0
# w/DM DX in past yr	0	1	1	3	12	15	20	12
% w/DM DX in past yr	0.0	0.9	1.0	2.3	8.8	13.2	26.3	20.3
CHANGE FROM PREV YR %								
w/ DM DX ever	-0.3	+0.1	-1.1	-0.9	-2.0	-4.9	-9.6	-6.2
w/DM DX in past yr	+0.0	+0.0	-1.0	+0.3	+0.1	-2.8	-14.0	-10.9
BASELINE REPORT PERIOD								
Total MALE User Pop	424	103	86	137	132	107	63	54
# w/ DM DX ever	1	1	3	6	14	21	15	10
% w/ DM DX ever	0.2	1.0	3.5	4.4	10.6	19.6	23.8	18.5
# w/DM DX in past yr	1	0	1	4	9	10	12	10
% w/DM DX in past yr	0.2	0.0	1.2	2.9	6.8	9.3	19.0	18.5
CHANGE FROM BASE YR %								
w/ DM DX ever	-0.2	+0.9	-2.6	+0.1	+0.6	-3.4	-5.8	-2.7
w/DM DX in past yr	-0.2	+0.9	-1.2	-0.4	+2.1	+1.1	-6.8	-9.0

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Diabetes Prevalence (con't)

FEMALE USER POPULATION

Age Distribution

	<15	15-19	20-24	25-34	35-44	45-54	55-64	>64 yrs
CURRENT REPORT PERIOD								
Total FEMALE User Pop	333	125	142	233	197	202	121	122
# w/ DM DX ever	1	1	4	26	26	31	18	27
% w/ DM DX ever	0.3	0.8	2.8	11.2	13.2	15.3	14.9	22.1
# w/DM DX in past yr	0	1	0	5	14	21	10	16
% w/DM DX in past yr	0.0	0.8	0.0	2.1	7.1	10.4	8.3	13.1
PREVIOUS YEAR PERIOD								
Total FEMALE User Pop	332	111	134	210	155	137	90	85
# w/ DM DX ever	2	1	6	25	25	25	18	26
% w/ DM DX ever	0.6	0.9	4.5	11.9	16.1	18.2	20.0	30.6
# w/DM DX in past yr	1	1	1	6	11	15	9	16
% w/DM DX in past yr	0.3	0.9	0.7	2.9	7.1	10.9	10.0	18.8
CHANGE FROM PREV YR %								
w/ DM DX ever	-0.3	-0.1	-1.7	-0.7	-2.9	-2.9	-5.1	-8.5
w/DM DX in past yr	-0.3	-0.1	-0.7	-0.7	+0.0	-0.6	-1.7	-5.7
BASELINE REPORT PERIOD								
Total FEMALE User Pop	363	104	130	192	159	120	75	88
# w/ DM DX ever	1	3	9	15	24	25	14	34
% w/ DM DX ever	0.3	2.9	6.9	7.8	15.1	20.8	18.7	38.6
# w/DM DX in past yr	1	1	2	3	9	11	7	18
% w/DM DX in past yr	0.3	1.0	1.5	1.6	5.7	9.2	9.3	20.5
CHANGE FROM BASE YR %								
w/ DM DX ever	+0.0	-2.1	-4.1	+3.3	-1.9	-5.5	-3.8	-16.5
w/DM DX in past yr	-0.3	-0.2	-1.5	+0.6	+1.4	+1.2	-1.1	-7.3

Diabetes Comprehensive Care

Denominator(s):
Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, AND at least 2 visits during the Report Period, AND 2 DM-related visits ever.

Numerator(s):
Patients with Hemoglobin A1c documented during the Report Period, regardless of result.
Patients with Blood Pressure documented during the Report Period.
Patients with controlled BP, defined as < 130/80, i.e., the mean systolic value is less than 130 AND the mean diastolic value is less than 80.
Patients with LDL completed during the Report Period, regardless of result.
Patients with nephropathy assessment, defined as an estimated GFR with result AND a quantitative urinary protein assessment during the Report period OR with evidence of diagnosis and/or treatment of ESRD at any time before the end of the Report period.
Patients receiving a qualified retinal evaluation during the Report Period, or a documented refusal of a diabetic retinal exam.
Patients with diabetic foot exam during the Report Period, or a documented refusal of a diabetic foot exam.
Patients with comprehensive diabetes care (documented A1c AND Blood Pressure AND LDL AND Nephropathy Assessment AND Retinal exam AND diabetic foot exam).

Logic:
Diabetes: First Purpose of Visit 250.00-250.93 recorded in the V POV file prior to the Report period.

A1c definition: Searches for most recent A1c test with a result during the Report Period. If none found, CRS searches for the most recent A1c test without a result. A1c defined as: CPT 83036, 83037, 3046F, or 3047F; LOINC taxonomy; or site-populated taxonomy DM AUDIT HGB A1C TAX.

BP documented definition: Having a minimum of 2 Blood Pressures documented on non-ER visits during the Report period.

Controlled BP definition: CRS uses mean of last 3 Blood Pressures documented on non-ER visits during the Report Period. If 3 BPs are not available, uses mean of last 2 non-ER BPs. If a visit contains more than 1 BP, the lowest BP will be used, defined as having the lowest systolic value. The mean Systolic value is calculated by adding the last 3 (or 2) systolic values and dividing by 3 (or 2). The mean Diastolic value is calculated by adding the diastolic values from the last 3 (or 2) blood pressures and dividing by 3 (or 2). If the systolic and diastolic values

do not BOTH meet the criteria for controlled, then the value is considered not controlled.

For the BP documented numerator only, if CRS is not able to calculate a mean BP, it will search for CPT 3077F or 3080F during the Report Period.

LDL definition: Finds last test done during the Report period; defined as: CPT 80061, 83700, 83701, 83704, 83715 (old code), 83716 (old code), 83721, 3048F, 3049F, 3050F; LOINC taxonomy; site-populated taxonomy DM AUDIT LDL CHOLESTEROL TAX.

Nephropathy assessment definition:

(1) Estimated GFR with result during the Report Period, defined as any of the following: (A) Site-populated taxonomy BGP GPRA ESTIMATED GFR TAX or (B) LOINC taxonomy, AND

(2) Quantitative Urinary Protein Assessment during the Report Period, defined as any of the following: (A) CPT 82042, 82043, or 84156; (B) LOINC taxonomy; or (C) site-populated taxonomy BGP QUANT URINE PROTEIN (NOTE: Be sure and check with your laboratory supervisor that the names you add to your taxonomy reflect quantitative test values); OR

(3) End Stage Renal Disease diagnosis/treatment defined as any of the following ever: A) V CPT 36145, 36800, 36810, 36815, 36818, 36819, 36820, 36821, 36831-36833, 50300, 50320, 50340, 50360, 50365, 50370, 50380, 90918-90925, 90935, 90937, 90939, 90940, 90945, 90947, 90989, 90993, 90997, 90999, 99512, G0257, G0308-G0327, or S9339; B) V POV 585.5, 585.6, V42.0, V45.1, or V56.*; C) V Procedure 38.95, 39.27, 39.42, 39.43, 39.53, 39.93-39.95, 54.98, or 55.6*.

Qualified retinal evaluation* is defined as: (1) diabetic retinal exam or documented refusal or (2) other eye exam.

Diabetic Retinal Exam: Any of the following during the Report Period: 1) Exam Code 03 Diabetic Eye Exam (dilated retinal examination) or Refusal of Exam 03, 2) CPT 2022F Dilated retinal eye exam; 2024F Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist; 2026F Eye imaging validated to match the diagnosis from seven standard field stereoscopic photos; S0620 Routine ophthalmological examination including refraction; new patient; S0621 Routine ophthalmological examination including refraction; established patient; S3000 Diabetic indicator; retinal eye exam, dilated, bilateral.

Other Eye Exam: (1) Non-DNKA (did not keep appointment) visits to ophthalmology, optometry or validated tele-ophthalmology retinal evaluation clinics (e.g. JVN, Inoveon, EyeTel, etc.) or (2) non-DNKA

visits to an optometrist or ophthalmologist. Searches for the following codes in the following order: Clinic Codes A2, 17, 18, 64; Provider Code 24, 79, 08; CPT 67028, 67038, 67039, 67040, 92002, 92004, 92012, 92014; POV V72.0; Procedure 95.02.

*Qualifying retinal evaluation: The following methods are qualifying for this measure:
- Dilated retinal evaluation by an optometrist or ophthalmologist.
- Standard fields stereoscopic photos (ETDRS) evaluated by an optometrist or ophthalmologist.
- Any photographic method formally validated to ETDRS, e.g. JVN, Inoveon, EyeTel, etc.

Diabetic foot exam defined as: 1) Exam Code 28 Diabetic Foot Exam, Complete; 2) non-DNKA visit with a podiatrist (provider codes 33, 84 or 25), 3) non-DNKA visit to Podiatry Clinic (clinic code 65), 4) CPT 2028F, or 5) documented refusal of foot exam (Exam Code 28).

Performance Measure Description:
Increase the proportion of diabetic patients who receive all appropriate assessments.

Past Performance and/or Target:
BP Assessed: IHS 2010 Goal: 95%
Foot Exam: HP 2010 Goal: 91%

Source:
Foot Exam: HP 2010 5-14

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Diabetic Pts	109		95			87		
# w/A1c done w/ or w/o result	79	72.5	70	73.7	-1.2	52	59.8	+12.7
# w/ BPs documented	101	92.7	78	82.1	+10.6	74	85.1	+7.6
# w/Controlled BP <130/80	23	21.1	20	21.1	+0.0	13	14.9	+6.2
# w/ LDL done	70	64.2	46	48.4	+15.8	23	26.4	+37.8
# w/ est GFR & quant UP assmt or w/ESRD	43	39.4	6	6.3	+33.1	5	5.7	+33.7
# w/Retinal Evaluation or refusal	53	48.6	39	41.1	+7.6	44	50.6	-2.0
# w/Diabetic Foot Exam or refusal	20	18.3	18	18.9	-0.6	16	18.4	-0.0
# w/Comp Diabetes Care	8	7.3	0	0.0	+7.3	0	0.0	+7.3

Diabetes: Glycemic Control

Denominator(s):
All User Population patients diagnosed with diabetes prior to the Report period.
GPRA Denominator: Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, AND at least 2 visits during the Report Period, AND 2 DM-related visits ever. Active Adult Diabetic patients, defined by meeting the following criteria: 1) who are 19 or older at the beginning of the Report Period, 2) whose first ever DM diagnosis occurred prior to the Report Period; 3) who had at least 2 DM related visits ever, 4) at least one encounter with DM POV in a primary clinic with a primary provider during the Report period; and 5) never have had a creatinine value greater than 5.

Numerator(s):
Number of patients with a Hemoglobin A1c documented during the Report Period, regardless of result.
GPRA Numerator: Poor Control. Patients with A1c greater than (>) 9.5.
Very Poor Control. Patients with A1c equal to or greater than (=>) 12.
Poor Control. Patients with A1c greater than (>) 9.5 and less than (<) 12.
Fair Control. Patients with A1c equal to or greater than (=>) 8 and less than or equal to (<=) 9.5.
Good Control. Patients with A1c equal to or greater than (=>) 7 and less than (<) 8.
GPRA Numerator: Ideal Control. Patients with A1c less than (<) 7.
Without result. Patients with A1c documented but no value.

Logic:
Diabetes: First Purpose of Visit 250.00-250.93 recorded in the V POV file prior to the Report Period.

Serum Creatinine: site-populated taxonomy DM AUDIT CREATININE TAX; or LOINC taxonomy (NOTE: CPT codes are not included since they do not store the result, which is used in this topic.)

Searches for most recent A1c test with a result during the Report Period. If none found, CRS searches for the most recent A1c test without a result. A1c defined as: CPT 83036, 83037, 3046F, or 3047F; LOINC taxonomy; or site-populated taxonomy DM AUDIT HGB A1C TAX. Without result is defined as A1c documented but with no value.

Performance Measure Description:
Poor Glycemic Control: TBD

Ideal Glycemic Control: TBD

Past Performance and/or Target:

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

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Baseline Period: Jan 01, 2000 to Dec 31, 2000

A1c documented: IHS Performance: FY 2007 - 79%, FY 2006 - 79%, FY 2005 - 78%, FY 2004 - 77%, FY 2003 - 75%; HP 2010 Goal: 50%

Ideal Glycemic Control (<7): IHS Performance: FY 2007 - 31%, FY 2006 - 31%, FY 2005 - 30%, FY 2004 - 27%, FY 2003 - 28%; IHS 2010 Goal: 40%

Poor Glycemic Control (>9.5): FY 2007 - 16%, FY 2006 - 16%, FY 2005 - 15%, FY 2004 - 17%

Source:
HEDIS; HP 2010 5-12

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	BASE PERIOD	%	CHG from BASE %
User Pop w/ DM DX prior to report end date	203		192			179		
# w/A1c done w/ or w/o result	82	40.4	72	37.5	+2.9	53	29.6	+10.8
# w/A1c =>12	3	1.5	1	0.5	+1.0	3	1.7	-0.2
# w/A1c >9.5 and <12	14	6.9	3	1.6	+5.3	8	4.5	+2.4
# w/A1c =>8 and =<9.5	13	6.4	19	9.9	-3.5	10	5.6	+0.8
# w/A1c=>7 and <8	11	5.4	17	8.9	-3.4	7	3.9	+1.5
# w/A1c <7	35	17.2	32	16.7	+0.6	23	12.8	+4.4
# w/A1c w/o Result	6	3.0	0	0.0	+3.0	2	1.1	+1.8

*** IHS 2008 Selected Measures with Community Specified Report ***
DEMO INDIAN HOSPITAL
Report Period: Jan 01, 2007 to Dec 31, 2007
Previous Year Period: Jan 01, 2006 to Dec 31, 2006
Baseline Period: Jan 01, 2000 to Dec 31, 2000

Diabetes: Glycemic Control (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Diabetic Pts (GPRA)	109		95			87		
# w/A1c done w/ or w/o result	79	72.5	70	73.7	-1.2	52	59.8	+12.7
# w/A1c > 9.5 (GPRA)	17	15.6	4	4.2	+11.4	11	12.6	+3.0
# w/A1c =>12	3	2.8	1	1.1	+1.7	3	3.4	-0.7
# w/A1c >9.5 and < 12	14	12.8	3	3.2	+9.7	8	9.2	+3.6
# w/A1c =>8 and =<9.5	13	11.9	19	20.0	-8.1	10	11.5	+0.4
# w/A1c=>7 and <8	11	10.1	17	17.9	-7.8	7	8.0	+2.0
# w/A1c <7 (GPRA)	32	29.4	30	31.6	-2.2	22	25.3	+4.1
# w/A1c w/o Result	6	5.5	0	0.0	+5.5	2	2.3	+3.2
Active Adult Diabetic Patients	79		71			63		
# w/A1c done w/ or w/o result	66	83.5	61	85.9	-2.4	46	73.0	+10.5
# w/A1c =>12	3	3.8	1	1.4	+2.4	3	4.8	-1.0
# w/A1c >9.5 and <12	13	16.5	2	2.8	+13.6	7	11.1	+5.3
# w/A1c =>8 and =<9.5	12	15.2	18	25.4	-10.2	8	12.7	+2.5
# w/A1c =>7 and <8	9	11.4	13	18.3	-6.9	6	9.5	+1.9
# w/A1c <7	28	35.4	27	38.0	-2.6	22	34.9	+0.5
# w/A1c w/o Result	1	1.3	0	0.0	+1.3	0	0.0	+1.3

Diabetes: Blood Pressure Control

Denominator(s):
All User Population patients diagnosed with diabetes prior to the Report period.
GPRA Denominator: Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to Current Report Period, AND at least 2 visits during the Report Period, AND 2 DM-related visits ever.
Active Adult Diabetic patients, defined by meeting the following criteria: 1) who are 19 or older at the beginning of the Report Period, 2) whose first ever DM diagnosis occurred prior to the Report Period; 3) who had at least 2 DM related visits ever, 4) at least one encounter with DM POV in a primary clinic with a primary provider during the Report period; and 5) never have had a creatinine value greater than 5.

Numerator(s):
Patients with Blood Pressure documented during the Report Period.
GPRA Numerator: Patients with controlled BP, defined as < 130/80, i.e., the mean systolic value is less than 130 AND the mean diastolic value is less than 80.
Patients with BP that is not controlled.

Logic:
Diabetes: First DM Purpose of Visit 250.00-250.93 recorded in the V POV file prior to the Report Period.

Serum Creatinine: site-populated taxonomy DM AUDIT CREATININE TAX; or LOINC taxonomy (NOTE: CPT codes are not included since they do not store the result, which is used in this topic.)

CRS uses mean of last 3 Blood Pressures documented on non-ER visits during the Report Period. If 3 BPs are not available, uses mean of last 2 non-ER BPs. If a visit contains more than 1 BP, the lowest BP will be used, defined as having the lowest systolic value. The mean Systolic value is calculated by adding the last 3 (or 2) systolic values and dividing by 3 (or 2). The mean Diastolic value is calculated by adding the diastolic values from the last 3 (or 2) blood pressures and dividing by 3 (or 2). If the systolic and diastolic values do not BOTH meet the criteria for controlled, then the value is considered not controlled.

For the BP documented and Not Controlled BP numerators only, if CRS is not able to calculate a mean BP, it will search for CPT 3077F or 3080F during the Report Period.

Performance Measure Description:
TBD

Past Performance and/or Target:

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Controlled BP: IHS Performance: FY 2007 - 39%, FY 2006 - 37%, FY 2005 - 37%, FY 2004 - 35%, FY 2003 - 37%; IHS 2010 Goal: 50%

BP Assessed: IHS Performance: FY 2005 - 89%, IHS 2010 Goal: 95%

Source:
HP 2010 12-9, 12-10

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
User Pop w/ DM DX prior to report period	203		192			179		
# w/ BPs Documented	108	53.2	88	45.8	+7.4	84	46.9	+6.3
# w/controlled BP < 130/80	25	12.3	24	12.5	-0.2	18	10.1	+2.3
# w/Not controlled BP	83	40.9	64	33.3	+7.6	66	36.9	+4.0
Active Diabetic Pts (GPRA)	109		95			87		
# w/ BPs Documented	101	92.7	78	82.1	+10.6	74	85.1	+7.6
# w/Controlled BP < 130/80 (GPRA)	23	21.1	20	21.1	+0.0	13	14.9	+6.2
# w/Not controlled BP	78	71.6	58	61.1	+10.5	61	70.1	+1.4
Active Adult Diabetic Patients	79		71			63		
# w/ BPs Documented	72	91.1	61	85.9	+5.2	56	88.9	+2.3
# w/Controlled BP < 130/80	18	22.8	14	19.7	+3.1	8	12.7	+10.1
# w/Not controlled BP	54	68.4	47	66.2	+2.2	48	76.2	-7.8

Diabetes: LDL Assessment

Denominator(s):
All User Population patients diagnosed with diabetes prior to the Report period.
GPRA Denominator: Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, AND at least 2 visits during the Report Period, AND 2 DM-related visits ever. Active Adult Diabetic patients, defined by meeting the following criteria: 1) who are 19 or older at the beginning of the Report Period, 2) whose first ever DM diagnosis occurred prior to the Report Period; 3) who had at least 2 DM related visits ever, 4) at least one encounter with DM POV in a primary clinic with a primary provider during the Report period; and 5) never have had a creatinine value greater than 5.

Numerator(s):
GPRA Numerator: Patients with LDL completed during the Report Period, regardless of result.
Patients with LDL results less than (<) 130.
A: Patients with LDL results less than or equal to (<=) 100.
B: Patients with LDL results 101-129.

Logic:
Diabetes: First DM Purpose of Visit 250.00-250.93 recorded in the V POV file prior to the Report Period.

Serum Creatinine: site-populated taxonomy DM AUDIT CREATININE TAX; or LOINC taxonomy (NOTE: CPT codes are not included since they do not store the result, which is used in this topic.)

Searches for most recent LDL test with a result during the Report Period. If none found, CRS searches for the most recent LDL test without a result.

LDL Definition: CPT 80061, 83700, 83701, 83704, 83715 (old code), 83716 (old code), 83721, 3048F, 3049F, 3050F; LOINC taxonomy; site-populated taxonomy DM AUDIT LDL CHOLESTEROL TAX. For numerator LDL <130, CPT 3048F and 3049F will count as meeting the measure. For numerator LDL =<100, CPT 3048F will count as meeting the measure.

Performance Measure Description:
TBD

Past Performance and/or Target:
Patients Assessed: IHS Performance: FY 2007 - 61%, FY 2006 - 60%, FY 2005 - 53%, FY 2004 - 53%, FY 2003 - 47.5%; HP 2010 Goal: 70%

Source:

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

HP 2010 12-15

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
User Pop w/ DM DX prior to Current period	203		192			179		
# w/ LDL done	75	36.9	48	25.0	+11.9	23	12.8	+24.1
# w/LDL <130	57	28.1	40	20.8	+7.2	15	8.4	+19.7
A. # w/LDL =<100	37	18.2	32	16.7	+1.6	8	4.5	+13.8
B. # w/LDL 101-129	17	8.4	8	4.2	+4.2	7	3.9	+4.5
Active Diabetic Pts (GPRA)	109		95			87		
# w/ LDL done (GPRA)	70	64.2	46	48.4	+15.8	23	26.4	+37.8
# w/LDL <130	53	48.6	38	40.0	+8.6	15	17.2	+31.4
A. # w/LDL =<100	35	32.1	31	32.6	-0.5	8	9.2	+22.9
B. # w/LDL 101-129	15	13.8	7	7.4	+6.4	7	8.0	+5.7
Active Adult Diabetic Patients	79		71			63		
# w/ LDL done	56	70.9	43	60.6	+10.3	21	33.3	+37.6
# w/LDL <130	42	53.2	35	49.3	+3.9	13	20.6	+32.5
A. # w/LDL =<100	27	34.2	27	38.0	-3.9	8	12.7	+21.5
B. # w/LDL 101-129	13	16.5	8	11.3	+5.2	5	7.9	+8.5

Diabetes: Nephropathy Assessment

Denominator(s):
All User Population patients diagnosed with diabetes prior to the Report Period.
GPRA Denominator: Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, AND at least 2 visits during the Report Period, AND 2 DM-related visits ever. Active Adult Diabetic patients, defined by meeting the following criteria: 1) who are 19 or older at the beginning of the Report Period, 2) whose first ever DM diagnosis occurred prior to the Report Period; 3) who had at least 2 DM related visits ever, 4) at least one encounter with DM POV in a primary clinic with a primary provider during the Report Period; and 5) never have had a creatinine value greater than 5.

Numerator(s):
GPRA Numerator: Patients with nephropathy assessment, defined as an estimated GFR with result AND a quantitative urinary protein assessment during the Report period OR with evidence of diagnosis and/or treatment of ESRD at any time before the end of the Report period.

Logic:
Diabetes: First DM Purpose of Visit 250.00-250.93 recorded in the V POV file prior to the Report period.

Serum Creatinine: site-populated taxonomy DM AUDIT CREATININE TAX; or LOINC taxonomy (NOTE: CPT codes are not included since they do not store the result, which is used in this topic.)

Nephropathy assessment definition:

(1) Estimated GFR with result during the Report Period, defined as any of the following: (A) Site-populated taxonomy BGP GPRA ESTIMATED GFR TAX or (B) LOINC taxonomy, AND

(2) Quantitative Urinary Protein Assessment during the Report Period, defined as any of the following: (A) CPT 82042, 82043, or 84156; (B) LOINC taxonomy; or (C) site-populated taxonomy BGP QUANT URINE PROTEIN (NOTE: Be sure and check with your laboratory supervisor that the names you add to your taxonomy reflect quantitative test values); OR

(3) End Stage Renal Disease diagnosis/treatment defined as any of the following ever: A) V CPT 36145, 36800, 36810, 36815, 36818, 36819, 36820, 36821, 36831-36833, 50300, 50320, 50340, 50360, 50365, 50370, 50380, 90918-90925, 90935, 90937, 90939, 90940, 90945, 90947, 90989, 90993, 90997, 90999, 99512, G0257, G0308-G0327, or S9339; B) V POV 585.5, 585.6, V42.0, V45.1, or V56.*; C) V Procedure 38.95, 39.27, 39.42, 39.43,

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39.53, 39.93-39.95, 54.98, or 55.6*.

Performance Measure Description:
TBD

Past Performance and/or Target:
Assessment: IHS Performance: FY 2007 - 40% (new baseline established; revised standards of care resulted in revised measure definition)

Assessment (former definition): FY 2006 - 55%, FY 2005 - 47%, FY 2004 - 42%, FY 2003 - 37.5%; IHS 2010 Goal: 70%

Source:
HP 2010 5-11

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
User Pop w/ DM DX prior to Report Period	203		192			179		
# w/ est GFR & quant UP assmt or w/ESRD	45	22.2	11	5.7	+16.4	7	3.9	+18.3
Active Diabetic Pts (GPRA)	109		95			87		
# w/ est GFR & quant UP assmt or w/ESRD (GPRA)	43	39.4	6	6.3	+33.1	5	5.7	+33.7
Active Adult Diabetic Patients	79		71			63		
# w/ est GFR & quant UP assmt or w/ESRD	35	44.3	2	2.8	+41.5	3	4.8	+39.5

Diabetic Retinopathy

Denominator(s):
All User Population patients diagnosed with diabetes prior to the Report period.
GPRA Denominator: Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, AND at least 2 visits during the Report Period, AND 2 DM-related visits ever. Active Adult Diabetic patients, defined by meeting the following criteria: 1) who are 19 or older at the beginning of the Report Period, 2) whose first ever DM diagnosis occurred prior to the Report Period; 3) who had at least 2 DM related visits ever, 4) at least one encounter with DM POV in a primary clinic with a primary provider during the Report period; and 5) never have had a creatinine value greater than 5.

Numerator(s):
GPRA Numerator: Patients receiving a qualified retinal evaluation during the Report Period, or a documented refusal of a diabetic retinal exam.
A: Patients receiving diabetic retinal exam during the Report Period.
B: Patients who refused a diabetic retinal exam during the Report Period.
C: Patients receiving other eye exams during the Report Period.

Logic:
Diabetes: First DM Purpose of Visit 250.00-250.93 recorded in the V POV file prior to the Report period.

Serum Creatinine: site-populated taxonomy DM AUDIT CREATININE TAX; or LOINC taxonomy (NOTE: CPT codes are not included since they do not store the result, which is used in this topic.)

Qualified retinal evaluation* is defined as: (1) diabetic retinal exam or documented refusal or (2) other eye exam.

Diabetic Retinal Exam: Any of the following during the Report Period: 1) Exam Code 03 Diabetic Eye Exam (dilated retinal examination) or Refusal of Exam 03, 2) CPT 2022F Dilated retinal eye exam; 2024F Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist; 2026F Eye imaging validated to match the diagnosis from seven standard field stereoscopic photos; S0620 Routine ophthalmological examination including refraction; new patient; S0621 Routine ophthalmological examination including refraction; established patient; S3000 Diabetic indicator; retinal eye exam, dilated, bilateral.

Other Eye Exam: (1) Non-DNKA (did not keep appointment) visits to ophthalmology, optometry or validated tele-ophthalmology retinal evaluation clinics (e.g. JVN, Inoveon, EyeTel, etc.) or (2) non-DNKA visits to an optometrist or ophthalmologist. Searches for the following

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codes in the following order: Clinic Codes A2, 17, 18, 64; Provider Code 24, 79, 08; CPT 67028, 67038, 67039, 67040, 92002, 92004, 92012, 92014; POV V72.0; Procedure 95.02.

*Qualifying retinal evaluation: The following methods are qualifying for this measure:
- Dilated retinal evaluation by an optometrist or ophthalmologist.
- Standard fields stereoscopic photos (ETDRS) evaluated by an optometrist or ophthalmologist.
- Any photographic method formally validated to ETDRS, e.g. JVN, Inoveon, EyeTel, etc.

Performance Measure Description:
TBD

Past Performance and/or Target:
Eye Exam: IHS Performance: FY 2007 (only National Rate reported) - 49%, FY 2006 National Rate - 49%, Designated Site Rate - 52%, FY 2005 National Rate - 50%, Designated Site Rate - 50%, FY 2004 National Rate - 47%, Designated Site Rate - 55%, FY 2003 - 49%; HP 2010 Goal: 76%

Source:
HP 2010 5-13

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	BASE % PERIOD	%	CHG from BASE %
User Pop w/ DM DX prior to report period	203		192			179		
# w/Retinal Evaluation or refusal	64	31.5	46	24.0	+7.6	54	30.2	+1.4
A. # w/ DM Retinal exam	7	3.4	6	3.1	+0.3	6	3.4	+0.1
B. # w/ Refusal	2	1.0	0	0.0	+1.0	0	0.0	+1.0
C. # w/Other Eye Exams	55	27.1	40	20.8	+6.3	48	26.8	+0.3

*** IHS 2008 Selected Measures with Community Specified Report ***
DEMO INDIAN HOSPITAL
Report Period: Jan 01, 2007 to Dec 31, 2007
Previous Year Period: Jan 01, 2006 to Dec 31, 2006
Baseline Period: Jan 01, 2000 to Dec 31, 2000

Diabetic Retinopathy (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Diabetic Pts (GPRA)	109		95			87		
# w/Retinal Evaluation or refusal (GPRA)	53	48.6	39	41.1	+7.6	44	50.6	-2.0
A. # w/ DM Retinal exam	7	6.4	6	6.3	+0.1	6	6.9	-0.5
B. # w/ Refusal	2	1.8	0	0.0	+1.8	0	0.0	+1.8
C. # w/Other Eye Exams	44	40.4	33	34.7	+5.6	38	43.7	-3.3
Active Adult Diabetic Patients	79		71			63		
# w/Retinal Evaluation or refusal	41	51.9	32	45.1	+6.8	39	61.9	-10.0
A. # w/ DM Retinal exam	6	7.6	4	5.6	+2.0	6	9.5	-1.9
B. # w/ Refusal	2	2.5	0	0.0	+2.5	0	0.0	+2.5
C. # w/Other Eye Exams	33	41.8	28	39.4	+2.3	33	52.4	-10.6

*** IHS 2008 Selected Measures with Community Specified Report ***
DEMO INDIAN HOSPITAL
Report Period: Jan 01, 2007 to Dec 31, 2007
Previous Year Period: Jan 01, 2006 to Dec 31, 2006
Baseline Period: Jan 01, 2000 to Dec 31, 2000

Diabetes: Access to Dental Services

Denominator(s):
Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, AND at least 2 visits during the Report Period, AND 2 DM-related visits ever

Numerator(s):
Patients with documented dental visit during the Report period, including refusals in past year.
A: Patients with documented refusal.

Logic:
Diabetes: First DM Purpose of Visit 250.00-250.93 recorded in the V POV file prior to the Report period.

For non-CHS dental visits, searches for V Dental ADA codes 0000 or 0190 or refusal of ADA code 0000 or 0190; VExam 30 or Refusal Exam 30; or POV V72.2. For CHS dental visits, searches for any visit with an ADA code. CHS visit defined as Type code of C in Visit file.

Performance Measure Description:
Increase the rate of patients with diagnosed diabetes who obtain access to dental services.

Past Performance and/or Target:
IHS Performance: FY 2005 - 39.0%, FY 2004 - 37.0%, FY 2003 - 36%; HP 2010 Goal: 71%

Source:
HP 2010 5-15

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Diabetic Pts	109		95			87		
# w/dental visit or refusal in past yr	17	15.6	19	20.0	-4.4	18	20.7	-5.1
A. # Refusals w/ % of Total Visits	1	5.9	0	0.0	+5.9	0	0.0	+5.9

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Access to Dental Services

Denominator(s):
GPRA Denominator: All patients in the User Population, broken down by age groups.

Numerator(s):
GPRA Numerator: Patients with documented dental visit during the Report period, including refusals in past year.
A: Patients with documented refusal.

Logic:
For non-CHS dental visits, searches for V Dental ADA codes 0000 or 0190 or refusal of ADA code 0000 or 0190; VExam 30 or Refusal Exam 30; or POV V72.2. For CHS dental visits, searches for any visit with an ADA code. CHS visit defined as Type code of C in Visit file.

Performance Measure Description:
TBD

Past Performance and/or Target:
IHS Performance: FY 2007 - 25%, FY 2006 - 23%, FY 2005 - 24%, FY 2004 - 24%, FY 2003 - 25%; IHS 2010 Goal: 40%

Source:
HP 2010 21-10, 21-12, 21-17

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# User Pop (GPRA)	2,778		2,353			2,337		
# w/dental visit or refusal in past yr (GPRA)	232	8.4	200	8.5	-0.1	207	8.9	-0.5
A. # Refusals w/ % of Total Visits	2	0.1	0	0.0	+0.1	0	0.0	+0.1

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Access to Dental Services (con't)

	TOTAL USER POPULATION Age Distribution							
	0-5	6-11	12-19	20-34	35-44	45-54	55-74	>74 yrs
CURRENT REPORT PERIOD								
Total # User Pop	342	238	357	640	366	375	382	78
# w/dental visit or refusal in past yr	21	27	29	67	32	30	25	1
% w/dental visit or refusal in past yr	6.1	11.3	8.1	10.5	8.7	8.0	6.5	1.3
# A. # Refusals w/ % of Total Visits	0	0	1	0	0	1	0	0
% A. # Refusals w/ % of Total Visits	0.0	0.0	0.3	0.0	0.0	0.3	0.0	0.0
PREVIOUS YEAR PERIOD								
Total # User Pop	347	236	343	575	291	251	258	52
# w/dental visit or refusal in past yr	19	22	30	53	24	24	24	4
% w/dental visit or refusal in past yr	5.5	9.3	8.7	9.2	8.2	9.6	9.3	7.7
# A. # Refusals w/ % of Total Visits	0	0	0	0	0	0	0	0
% A. # Refusals w/ % of Total Visits	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CHANGE FROM PREV YR % w/dental visit or refusal in past yr	+0.7	+2.0	-0.6	+1.3	+0.5	-1.6	-2.8	-6.4
A. # Refusals w/ % of Total Visits	+0.0	+0.0	+0.3	+0.0	+0.0	+0.3	+0.0	+0.0

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Access to Dental Services (con't)

	TOTAL USER POPULATION Age Distribution							
	0-5	6-11	12-19	20-34	35-44	45-54	55-74	>74 yrs
BASELINE REPORT PERIOD								
Total # User Pop	363	285	346	545	291	227	228	52
# w/dental visit or refusal in past yr	17	30	29	50	31	27	20	3
% w/dental visit or refusal in past yr	4.7	10.5	8.4	9.2	10.7	11.9	8.8	5.8
# A. # Refusals w/ % of Total Visits	0	0	0	0	0	0	0	0
% A. # Refusals w/ % of Total Visits	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CHANGE FROM BASE YR % w/dental visit or refusal in past yr	+1.5	+0.8	-0.3	+1.3	-1.9	-3.9	-2.2	-4.5
A. # Refusals w/ % of Total Visits	+0.0	+0.0	+0.3	+0.0	+0.0	+0.3	+0.0	+0.0

*** IHS 2008 Selected Measures with Community Specified Report ***
DEMO INDIAN HOSPITAL
Report Period: Jan 01, 2007 to Dec 31, 2007
Previous Year Period: Jan 01, 2006 to Dec 31, 2006
Baseline Period: Jan 01, 2000 to Dec 31, 2000

Dental Sealants

Denominator(s):
No denominator. This measure is a total count only, not a percentage.

Numerator(s):
GPRA Numerator: For patients meeting the User Population definition, the total number of dental sealants and refusals during the Report Period.
Broken out by age range.
Number of documented refusals.

Logic:
Age of the patient is calculated at the beginning of the Report period.
Sealants defined as V Dental ADA code 1351 or refusal of ADA code 1351.
Only two sealants per tooth will be counted during the Report Period.
Each tooth is identified by the data element Operative Site in RPMS.
Refusals are only counted if a patient did not have a sealant during the Report Period. If a patient had both a sealant and a refusal, only the sealant will be counted. If a patient has multiple refusals, only one refusal will be counted.

Performance Measure Description:
TBD

Past Performance and/or Target:
IHS Performance: FY 2007 - 245,449, FY 2006 - 246,645, FY 2005 - 249,882 (now being reported from CRS), FY 2004 - 230,295 (reported from CRS 2004 report), FY 2004 - 287,158 (reported from NPIRS)

Source:
HP 2010 21-8

	REPORT PERIOD	PREV YR PERIOD	CHG from PREV YR	BASE PERIOD	CHG from BASE
Total # of Sealants Documented or Refusal (GPRA)	49	61	-12	81	-32
# Dental Sealants documented pts <12 yrs	34	26	+8	40	-6
# Dental Sealants documented pts 12-18 yrs	13	34	-21	40	-27
# Dental Sealants documented pts >18 yrs	1	1	+0	1	+0
# refusals	1	0	+1	0	+1

*** IHS 2008 Selected Measures with Community Specified Report ***
DEMO INDIAN HOSPITAL
Report Period: Jan 01, 2007 to Dec 31, 2007
Previous Year Period: Jan 01, 2006 to Dec 31, 2006
Baseline Period: Jan 01, 2000 to Dec 31, 2000

Topical Fluoride

Denominator(s):
No denominator. This measure is a total count only, not a percentage.

Numerator(s):
GPRA Numerator: For patients meeting the User Population definition, the total number of patients with at least one topical fluoride treatment or refusal during the Report Period.
A: Patients with documented refusal in past year.
For patients meeting the User Population definition, the total number of appropriate topical fluoride applications and refusals based on a maximum of four per patient per year.
A: Number of documented refusals during past year.

Logic:
Topical fluoride application defined as: 1) V Dental ADA codes 1201 (old code), 1203, 1204, 1205 (old code), or 1206; 2) V POV V07.31; or 3) Refusal of ADA code 1201 (old code), 1203, 1204, or 1205 (old code), or 1206. A maximum of one application per patient per visit is allowed. A maximum of four topical fluoride applications are allowed per patient per year for the applications measure. Refusals are only counted if a patient did not have a topical fluoride application during the Report Period. If a patient had both an application and a refusal, only the application will be counted. If a patient has multiple refusals, only one refusal will be counted.

Performance Measure Description:
TBD

Past Performance and/or Target:
IHS Performance: FY 2007 # Patients - 107,934, FY 2006 # Patients - 95,439, FY 2005 - 85,318; FY 2005 # Applications - 113,324

	REPORT PERIOD	PREV YR PERIOD	CHG from PREV YR	BASE PERIOD	CHG from BASE
Total # of Patients w/at least 1 Topical Fluoride App or refusal (GPRA)	38	26	+12	15	+23
A. # Patients w/ Refusals	2	0	+2	0	+2
Total # of Topical Fluoride Applications/ Refusals	43	26	+17	15	+28
A. # Refusals	2	0	+2	0	+2

Adult Immunizations: Influenza

Denominator(s):
Active Clinical patients ages 50 or older.
A: Active Clinical patients ages 50-64.
B: GPRA Denominator. Active Clinical patients ages 65 and older.
Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the end of Report period, AND at least 2 visits in the past year, AND 2 DM-related visits ever.
All User Population patients ages 50 or older.
A: All User Population patients ages 50-64.
B: All User Population patients ages 65 and older.

Numerator(s):
GPRA Numerator: Patients with influenza vaccine or refusal documented during the Report Period or with a contraindication documented at any time before the end of the Report Period.
A: Patients with documented refusal.
B: Patients with a contraindication or a documented NMI (not medically indicated) refusal.

Logic:
Age of the patient is calculated at the beginning of the Report period.

Diabetes: First DM Purpose of Visit 250.00-250.93 recorded in the V POV file prior to the Report period.

Influenza vaccine defined as any of the following documented during the Report Period unless otherwise noted:

1) Influenza immunization, defined as: A) Immunization (CVX) codes: 88-Influenza Virus Vaccine, NOS; 15 Inf Virus Vac SV; 16 Inf Virus Vac WV; 111 Inf Virus Vac Intranasal; B) POV: V04.8 (old code), V04.81, or V06.6; C) CPT: 90655-90660, 90724 (old code), G0008, G8108; D) ICD Procedure code: 99.52;

2) Contraindication documented at any time before the end of the Report Period, defined as: A) Contraindication in the Immunization Package of "Egg Allergy" or "Anaphylaxis" or B) PCC NMI Refusal;

3) Refusal of immunization codes 88, 111, 15, or 16, as documented in PCC Refusal File (i.e. REF) or in the Immunization Package as contraindication of "Patient Refusal."

Performance Measure Description:
TBD

Past Performance and/or Target:

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

>65 Vaccine Rate: IHS Performance: FY 2007 - 59%, FY 2006 - 58%, FY 2005 - 59%, FY 2004 - 54%, FY 2003 - 51%; HP 2010 Goal: 90%

Source:
HP 2010 14-29b; HP 2010 14-29d

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Patients ages 50 or older	315		208			177		
Total # w/Flu vaccine/contra/ refusal	74	23.5	67	32.2	-8.7	29	16.4	+7.1
A. # Refusals w/ % of Total IZ	4	5.4	6	9.0	-3.5	0	0.0	+5.4
B. # w/ Contraind/ NMI Ref w/ % of Total IZ	4	5.4	0	0.0	+5.4	0	0.0	+5.4
A. Active Clinical Patients ages 50-64	211		145			112		
Total # w/Flu vaccine/contra/ refusal	45	21.3	42	29.0	-7.6	14	12.5	+8.8
A. # Refusals w/ % of Total IZ	2	4.4	5	11.9	-7.5	0	0.0	+4.4
B. # w/ Contraind/ NMI Ref w/ % of Total IZ	3	6.7	0	0.0	+6.7	0	0.0	+6.7
B. Active Clinical Patients 65 and older (GPRA)	104		63			65		
Total # w/Flu vaccine/contra/ refusal (GPRA)	29	27.9	25	39.7	-11.8	15	23.1	+4.8
A. # Refusals w/ % of Total IZ	2	6.9	1	4.0	+2.9	0	0.0	+6.9
B. # w/ Contraind/ NMI Ref w/ % of Total IZ	1	3.4	0	0.0	+3.4	0	0.0	+3.4

*** IHS 2008 Selected Measures with Community Specified Report ***
DEMO INDIAN HOSPITAL
Report Period: Jan 01, 2007 to Dec 31, 2007
Previous Year Period: Jan 01, 2006 to Dec 31, 2006
Baseline Period: Jan 01, 2000 to Dec 31, 2000

Adult Immunizations: Influenza (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Diabetic Pts	109		95			87		
Total # w/Flu vaccine/contra/ refusal	46	42.2	45	47.4	-5.2	23	26.4	+15.8
A. # Refusals w/ % of Total IZ	1	2.2	1	2.2	-0.0	0	0.0	+2.2
B. # w/ Contraind/ NMI Ref w/ % of Total IZ	2	4.3	1	2.2	+2.1	0	0.0	+4.3
# User Population 50 and older	621		416			377		
Total # w/Flu vaccine/contra/ refusal	80	12.9	69	16.6	-3.7	33	8.8	+4.1
A. # of Refusals w/ % of Total IZ	5	6.3	6	8.7	-2.4	0	0.0	+6.3
B. # w/ Contraind/ NMI Ref w/ % of Total IZ	7	8.8	0	0.0	+8.8	0	0.0	+8.8
A. # User Population ages 50-64	404		272			235		
Total # w/Flu vaccine/contra/ refusal	50	12.4	43	15.8	-3.4	17	7.2	+5.1
A. # Refusals w/ % of Total IZ	3	6.0	5	11.6	-5.6	0	0.0	+6.0
B. # w/ Contraind/ NMI Ref w/ % of Total IZ	5	10.0	0	0.0	+10.0	0	0.0	+10.0

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Adult Immunizations: Influenza (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
B. # User Population 65 and older	217		144			142		
Total # w/Flu vaccine/contra/ refusal	30	13.8	26	18.1	-4.2	16	11.3	+2.6
A. # of Refusals w/ % of Total IZ	2	6.7	1	3.8	+2.8	0	0.0	+6.7
B. # w/ Contraind/ NMI Ref w/ % of Total IZ	2	6.7	0	0.0	+6.7	0	0.0	+6.7

Adult Immunizations: Pneumovax

Denominator(s):
GPRA Denominator: All Active Clinical patients ages 65 or older.
Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, AND at least 2 visits during the Report Period, AND 2 DM-related visits ever.
All User Population patients ages 65 and older at beginning of Report period.

Numerator(s):
GPRA Numerator: Patients with Pneumococcal vaccine or contraindication documented at any time before the end of the Report Period or with a refusal in the past year.
A: Patients with documented refusal.
B: Patients with a contraindication or a documented NMI (not medically indicated) refusal.
Diabetic patients with pneumovax documented in past 5 years, or contraindication ever, or refusal in the past year.

Logic:
Age of the patient is calculated at the beginning of the Report period.

Diabetes: First DM Purpose of Visit 250.00-250.93 recorded in the V POV file prior to the Report period.

Pneumovax defined as any of the following documented anytime before the end of the Report Period unless otherwise noted:

1) Pneumococcal Immunization, defined as: A) (CVX) codes: 33 Pneumo Polysaccaride; 100 Pneumo Conjugate; 109 Pneumo NOS; B) POV: V06.6 or V03.82; C) V Procedure: 99.55; D) CPT: 90669, 90732, G0009, G8115.

2) Contraindication, defined as: A) Contraindication in the Immunization Package of "Anaphylaxis" or B) PCC NMI Refusal.

3) Refusal during the Report Period: A) Immunization codes 33, 100, or 109, as documented in PCC Refusal File (i.e. REF) or B) Immunization Package as contraindication of "Patient Refusal."

Performance Measure Description:
TBD

Past Performance and/or Target:
>65 Vaccine Rate: IHS Performance: FY 2007 - 79%, FY 2006 - 74%, FY 2005 - 69%, FY 2004 - 69%, FY 2003 - 65%; HP 2010 Goal: 90%

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Adult Immunizations: Pneumovax (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts ages 65 & older (GPRA)	104		63			65		
Total # w/Pneumovax/ contra/refusal (GPRA)	47	45.2	44	69.8	-24.6	37	56.9	-11.7
A. # Refusals w/ % of Total IZ	1	2.1	0	0.0	+2.1	0	0.0	+2.1
B. # w/ Contraind/ NMI Ref w/ % of Total IZ	4	8.5	2	4.5	+4.0	0	0.0	+8.5

*** IHS 2008 Selected Measures with Community Specified Report ***
DEMO INDIAN HOSPITAL
Report Period: Jan 01, 2007 to Dec 31, 2007
Previous Year Period: Jan 01, 2006 to Dec 31, 2006
Baseline Period: Jan 01, 2000 to Dec 31, 2000

Adult Immunizations: Pneumovax (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Diabetic Pts	109		95			87		
Total # w/Pneumovax/ contra/refusal	53	48.6	51	53.7	-5.1	51	58.6	-10.0
A. # Refusals w/ % of Total IZ	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/ Contraind/ NMI Ref w/ % of Total IZ	0	0.0	0	0.0	+0.0	0	0.0	+0.0
Total # w/Pneumovax past 5/contra/refusal	31	28.4	36	37.9	-9.5	30	34.5	-6.0
A. # Refusals w/ % of Total IZ	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/ contraind/ NMI Ref w/ % of Total IZ	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# User Population ages 65 & older	217		144			142		
Total # w/Pneumovax/ contra/refusal	50	23.0	45	31.3	-8.2	37	26.1	-3.0
A. # Refusals w/ % of Total IZ	1	2.0	0	0.0	+2.0	0	0.0	+2.0
B. # w/ contraind/ NMI Ref w/ % of Total IZ	5	10.0	3	6.7	+3.3	0	0.0	+10.0

*** IHS 2008 Selected Measures with Community Specified Report ***
DEMO INDIAN HOSPITAL
Report Period: Jan 01, 2007 to Dec 31, 2007
Previous Year Period: Jan 01, 2006 to Dec 31, 2006
Baseline Period: Jan 01, 2000 to Dec 31, 2000

Childhood Immunizations

Denominator(s):
Active Clinical patients ages 19-35 months at end of Report period.
User Population patients ages 19-35 months at end of Report Period.
GPRA Denominator: User Population patients active in the Immunization Package who are 19-35 months at end of Report period. NOTE: Only values for the Current Period will be reported for this denominator since currently there is not a way to determine if a patient was active in the Immunization Package during the Previous Year or Baseline Periods.

Numerator(s):
GPRA Numerator: Patients who have received the 4:3:1:3:3 combination (i.e. 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B), including refusals, contraindications, and evidence of disease.
A: Patients with documented REF refusal in PCC or Parent or Patient refusal in the IZ program.
B: Patients with either (1) evidence of the disease, (2) a contraindication, or (3) a documented NMI (not medically indicated) refusal.
Patients who have received the 4:3:1:3:3:1 combination (i.e. 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B, 1 Varicella), including refusals, contraindications, and evidence of disease.
A: Patients with documented REF refusal in PCC or Parent or Patient refusal in the IZ program.
B: Patients with either (1) evidence of the disease, (2) a contraindication, or (3) a documented NMI (not medically indicated) refusal.
Patients who have received the 4:3:1:3:3:1:4 combination (i.e. 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B, 1 Varicella, and 4 Pneumococcal), including refusals, contraindications, and evidence of disease.
A: Patients with documented REF refusal in PCC or Parent or Patient refusal in the IZ program.
B: Patients with either (1) evidence of the disease, (2) a contraindication, or (3) a documented NMI (not medically indicated) refusal.
Patients who have received 4 doses of DTaP ever, including refusals, contraindications, and evidence of disease.
A: Patients with documented REF refusal in PCC or Parent or Patient refusal in the IZ program.
B: Patients with either (1) evidence of the disease, (2) a contraindication, or (3) a documented NMI (not medically indicated) refusal.
Patients who have received 3 doses of Polio ever, including refusals, contraindications, and evidence of disease.
A: Patients with documented REF refusal in PCC or Parent or Patient refusal in the IZ program.

B: Patients with either (1) evidence of the disease, (2) a contraindication, or (3) a documented NMI (not medically indicated) refusal.
Patients who have received 1 dose of MMR ever, including refusals, contraindications, and evidence of disease.
A: Patients with documented REF refusal in PCC or Parent or Patient refusal in the IZ program.
B: Patients with either (1) evidence of the disease, (2) a contraindication, or (3) a documented NMI (not medically indicated) refusal.
Patients who have received 3 doses of HiB ever, including refusals, contraindications, and evidence of disease.
A: Patients with documented REF refusal in PCC or Parent or Patient refusal in the IZ program.
B: Patients with either (1) evidence of the disease, (2) a contraindication, or (3) a documented NMI (not medically indicated) refusal.
Patients who have received 3 doses of Hepatitis B vaccine ever, including refusals, contraindications, and evidence of disease.
A: Patients with documented REF refusal in PCC or Parent or Patient refusal in the IZ program.
B: Patients with either (1) evidence of the disease, (2) a contraindication, or (3) a documented NMI (not medically indicated) refusal.
Patients who have received 1 dose of Varicella ever, including refusals, contraindications, and evidence of disease.
A: Patients with documented REF refusal in PCC or Parent or Patient refusal in the IZ program.
B: Patients with either (1) evidence of the disease, (2) a contraindication, or (3) a documented NMI (not medically indicated) refusal.
Patients who have received 4 doses of Pneumococcal conjugate vaccine ever, including refusals, contraindications, and evidence of disease.
A: Patients with documented REF refusal in PCC or Parent or Patient refusal in the IZ program.
B: Patients with either (1) evidence of the disease, (2) a contraindication, or (3) a documented NMI (not medically indicated) refusal.
Immunization Program Numerator: Patients who have received the 4:3:1:3:3 combination (i.e. 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B), NOT including refusals, contraindications, and patients with evidence of disease.
Immunization Program Numerator: Patients who have received the 4:3:1:3:3:1 combination (i.e. 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B, and 1 Varicella), NOT including refusals, contraindications, and patients with evidence of disease.
Immunization Program Numerator: Patients who have received the

4:3:1:3:3:1:4 combination (i.e. 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B, 1 Varicella, and 4 Pneumococcal), NOT including refusals, contraindications, and patients with evidence of disease.

Logic:
Age of the patient is calculated at the beginning of the Report Period. Therefore the age range will be adjusted to 7-23 months, which makes the patient between the ages of 19-35 months at the end of the Report Period. Because IZ data comes from multiple sources, any IZ codes documented on dates within 10 days of each other will be considered as the same immunization.

Active Immunization Package Patients denominator: Same as User Pop definition EXCEPT includes only patients flagged as active in the Immunization Package. NOTE: Only values for the Current Period will be reported for this denominator since currently there is not a way to determine if a patient was active in the Immunization Package during the Previous Year or Baseline Periods.

Dosage and types of immunization definitions:

- 4 doses of DTaP: 1) 4 DTaP/DTP/Tdap; 2) 1 DTaP/DTP/Tdap and 3 DT/Td; 3) 1 DTaP/DTP/Tdap and 3 each of Diphtheria and Tetanus; 4) 4 DT and 4 Pertussis; 5) 4 Td and 4 Pertussis; or 6) 4 each of Diphtheria, Tetanus, and Pertussis.

- 3 doses of Polio: 1) 3 OPV; 2) 3 IPV; or 3) combination of OPV & IPV totaling 3 doses.

- 1 dose of MMR: 1) MMR; 2) 1 M/R and 1 Mumps; 3) 1 R/M and 1 Measles; or 4) 1 each of Measles, Mumps, and Rubella.

- 3 doses of Hep B OR 2 doses IF documented with CPT 90743.

- 3 doses of HIB

- 1 dose of Varicella

- 4 doses of Pneumococcal

Except for the Immunization Program Numerators, refusals, evidence of disease, and contraindications for individual immunizations will also count toward meeting the definition, as defined below.

- Each immunization must be refused and documented separately. For example, if a patient refused Rubella only, then there must be either an immunization, contraindication, or separate refusal for the Measles and

Mumps immunizations.

- For immunizations where required number of doses is >1, only one refusal is necessary to be counted in the numerator. For example, if there is a single refusal for Hepatitis B, the patient will be included in the numerator.

- Evidence of disease will be checked for at any time in the child's life (prior to the end of the Report period.)

- To be counted in sub-numerator A, a patient must have a REF refusal in PCC or a Parent or Patient Refusal in the IZ program for any of the immunizations in the numerator. For example, if a patient refused Rubella only but had immunizations for Measles and Mumps, the patient would be included in sub-numerator A.

- To be counted in sub-numerator B, a patient must have evidence of disease, a contraindication, or an NMI refusal for any of the immunizations in the numerator. For example, if a patient was Rubella immune but had a Measles and Mumps immunization, the patient would be included in sub-numerator B.

- Refusal Definitions: Parent/Patient Refusal in Immunization package or PCC Refusal type REF or NMI for IZ codes: DTaP: 20, 50, 106, 107, 110, 120; DTP: 1, 22, 102; Tdap: 115; DT: 28; Td: 9, 113; Tetanus: 35, 112; Pertussis: 11: OPV: 2, 89; IPV: 10, 89, 110, 120; MMR: 3, 94: M/R: 4; R/M: 38; Measles: 5; Mumps: 7; Rubella: 6; HiB: 17, 22, 46-49; 50, 51, 102, 120; Hepatitis B: 8, 42-45, 51, 102, 104, 110; Varicella: 21, 94; Pneumococcal: 33, 100, 109.

NOTE: In the definitions for all immunizations shown below, the Immunization Program Numerators will include only CVX and CPT codes.

- DTaP IZ definitions: 1) Immunization (CVX) codes: 20, 50, 106, 107, 110, 120; 2) POV V06.1; 3) CPT: 90698, 90700, 90721, 90723. DTaP contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

- DTP IZ definitions: 1) Immunization (CVX) codes: 1, 22, 102; 2) POV: V06.1, V06.2, V06.3; 3) CPT: 90701, 90711 (old code), 90720; 4) Procedure 99.39. DTP contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

- Tdap IZ definition: 1) Immunization (CVX) code: 115; 2) CPT 90715. Tdap contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

- DT IZ definitions: 1) Immunization (CVX) code 28; 2) POV V06.5; 3) CPT 90702. DT contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

- Td IZ definitions: 1) Immunization (CVX) code 9, 113; 2) POV V06.5; 3) CPT 90714, 90718. Td contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

- Diphtheria IZ definitions: 1) POV V03.5; 2) CPT 90719; 3) Procedure 99.36. Diphtheria evidence of disease definitions: POV or PCC Problem List (active or inactive) V02.4, 032*. Diphtheria contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

- Tetanus definitions: 1) Immunization (CVX) codes: 35, 112; 2) POV V03.7, 3) CPT 90703; 4) Procedure 99.38. Tetanus evidence of disease definition: POV or PCC Problem List (active or inactive) 037*. Tetanus contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

- Pertussis definitions: 1) Immunization (CVX) code 11; 2) POV V03.6; 3) Procedure 99.37. Pertussis evidence of disease definition: POV or PCC Problem List (active or inactive) 033*. Pertussis contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

- OPV definitions: 1) Immunization (CVX) codes: 2, 89; 2) CPT 90712. OPV contraindication definitions: POV: 279, V08, 042, 200-202, 203.0, 203.1, 203.8, 204-208; or Immunization Package contraindication of "Anaphylaxis."

- IPV definitions: 1) Immunization (CVX) codes: 10, 89, 110, 120; 2) POV V04.0, V06.3; 3) CPT: 90698, 90711 (old code), 90713, 90723; 4) Procedure 99.41. IPV evidence of disease definitions: POV or PCC Problem List (active or inactive): V12.02, 045*, 138, 730.70-730.79. IPV contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis" or "Neomycin Allergy."

- MMR definitions: 1) Immunization (CVX) codes: 3, 94; 2) POV V06.4; 3) CPT: 90707, 90710; 4) Procedure 99.48. MMR contraindication definitions: POV: 279, V08, 042, 200-202, 203.0, 203.1, 203.8, 204-208; or Immunization Package contraindication of "Anaphylaxis," "Immune Deficiency," "Immune Deficient," or "Neomycin Allergy."

- M/R definitions: 1) Immunization (CVX) code 4; 2) CPT 90708. M/R contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

- R/M definitions: 1) Immunization (CVX) code 38; 2) CPT 90709 (old

code). R/M contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

- Measles definitions: 1) Immunization (CVX) code 5; 2) POV V04.2; 3) CPT 90705; 4) Procedure 99.45. Measles evidence of disease definition: POV or PCC Problem List (active or inactive) 055*. Measles contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

- Mumps definitions: 1) Immunization (CVX) code 7; 2) POV V04.6; 3) CPT 90704; 4) Procedure 99.46. Mumps evidence of disease definition: POV or PCC Problem List (active or inactive) 072*. Mumps contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

- Rubella definitions: 1) Immunization (CVX) code 6; 2) POV V04.3; 3) CPT 90706; 4) Procedure 99.47. Rubella evidence of disease definitions: POV or PCC Problem List (active or inactive) 056*, 771.0. Rubella contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

- Hib definitions: 1) Immunization (CVX) codes: 17, 22, 46-49, 50, 51, 102, 120; 2) POV V03.81; 3) CPT: 90645-90648, 90698, 90720-90721, 90748. Hib evidence of disease definitions: POV or PCC Problem List (active or inactive) 038.41, 041.5, 320.0, 482.2. Hib contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

- Hepatitis B definitions: 1) Immunization (CVX) codes: 8, 42-45, 51, 102, 104, 110; 2) CPT: 90636, 90723, 90731 (old code), 90740, 90743-90748, G0010, Q3021, Q3023. Hepatitis B evidence of disease definitions: POV or PCC Problem List (active or inactive): V02.61, 070.2, 070.3. Hepatitis B contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

- Varicella definitions: 1) Immunization (CVX) codes: 21, 94; 2) POV V05.4; 3) CPT: 90710, 90716. Varicella evidence of disease definitions: 1) POV or PCC Problem List (active or inactive) 052*, 053*; or 2) Immunization Package contraindication of "Hx of Chicken Pox" or "Immune." Varicella contraindication definitions: POV: 279, V08, 042, 200-202, 203.0, 203.1, 203.8, 204-208; or Immunization Package contraindication of "Anaphylaxis," "Immune Deficiency," "Immune Deficient," or "Neomycin Allergy."

- Pneumococcal definitions: 1) Immunization (CVX) codes: 33 Pneumo Polysaccaride; 100 Pneumo Conjugate; 109 Pneumo NOS; 2) POV: V06.6; V03.82; 3) CPT: 90669, 90732, G0009, G8115. Pneumococcal contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

Performance Measure Description:

*** IHS 2008 Selected Measures with Community Specified Report ***
DEMO INDIAN HOSPITAL
Report Period: Jan 01, 2007 to Dec 31, 2007
Previous Year Period: Jan 01, 2006 to Dec 31, 2006
Baseline Period: Jan 01, 2000 to Dec 31, 2000

TBD

Past Performance and/or Target:
HP 2010 Goal: for 4:3:1:3:3 80%; for each individual IZ 90%

IHS Performance: FY 2007 - 78%, FY 2006 CRS - 78%, IZ Program - 80%; (beginning in 2007 CRS reports for GPRA), FY 2005 IZ Program - 75%, FY 2004 IZ Program - 72%

Source:
CDC; HP 2010 14-22;14-24; HEDIS

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts 19-35 months	51		39			55		
# w/ 43133 combo or w/ Dx/ Contraind/ Refusal	11	21.6	4	10.3	+11.3	6	10.9	+10.7
A. Refusals w/ % of Total 43133	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/ Dx/Contraind/NMI Ref w/ % of Total 43133	0	0.0	0	0.0	+0.0	0	0.0	+0.0

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Childhood Immunizations (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# w/ 431331 combo or w/ Dx/ Contraind/ Refusal	10	19.6	3	7.7	+11.9	5	9.1	+10.5
A. # Refusals w/ % of Total 431331	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/ Dx/Contraind/NMI Ref w/ % of Total 431331	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/ 4313314 combo or w/Dx/Contraind/ Refusal	2	3.9	0	0.0	+3.9	0	0.0	+3.9
A. # Refusals w/ % of Total 4313314	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/ Dx/Contraind/NMI Ref w/ % of Total 4313314	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/ 4 doses DTaP or w/ Dx/ Contraind/Refusal	14	27.5	4	10.3	+17.2	9	16.4	+11.1
A. # Refusals w/ % of Total DTaP	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/ Dx/Contraind/NMI Ref w/ % of Total DTaP	2	14.3	0	0.0	+14.3	0	0.0	+14.3
# w/ 3 doses Polio or w/ Dx/ Contraind/Refusal	18	35.3	11	28.2	+7.1	13	23.6	+11.7
A. # Refusals w/ % of Total Polio	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/ Dx/Contraind/NMI Ref w/ % of Total Polio	0	0.0	0	0.0	+0.0	1	7.7	-7.7

*** IHS 2008 Selected Measures with Community Specified Report ***
DEMO INDIAN HOSPITAL
Report Period: Jan 01, 2007 to Dec 31, 2007
Previous Year Period: Jan 01, 2006 to Dec 31, 2006
Baseline Period: Jan 01, 2000 to Dec 31, 2000

Childhood Immunizations (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# w/ 1 dose MMR or w/ Dx/Contraind/ Refusal	18	35.3	11	28.2	+7.1	19	34.5	+0.7
A. # Refusals w/ % of Total MMR	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/Dx/Contraind/NMI Ref w/ % of Total MMR	0	0.0	0	0.0	+0.0	1	5.3	-5.3
# w/ 3 doses HIB or w/Dx/Contraind/ Refusal	17	33.3	9	23.1	+10.3	14	25.5	+7.9
A. # Refusals w/ % of Total HIB	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/ Dx/Contraind/NMI Ref w/ % of Total HIB	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/ 3 doses Hep B or w/ Dx/Contraind/ Refusal	18	35.3	10	25.6	+9.7	14	25.5	+9.8
A. # Refusals w/ % of Total Hep B	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/ Dx/Contraind/NMI Ref w/ % of Total HEP B	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/ 1 dose Varicella or w/ Dx/Contraind/ Refusal	18	35.3	10	25.6	+9.7	15	27.3	+8.0
A. # Refusals w/ % of Total Varicella	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/ Dx/Contraind/NMI Ref w/ % of Total Varicella	0	0.0	1	10.0	-10.0	1	6.7	-6.7
# w/4 doses Pneumococcal or w/Dx/ Contraind/ Refusal	3	5.9	0	0.0	+5.9	0	0.0	+5.9
A. # Refusals w/ % of Total Pneumococcal	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/ Dx/ Contraind/ NMI Ref w/ % of Total Pneumococcal	0	0.0	0	0.0	+0.0	0	0.0	+0.0

# w/ 43133 combo - Only Patients Actually Immunized	11	21.6	4	10.3	+11.3	6	10.9	+10.7
# w/ 431331 combo - Only Patients Actually immunized	10	19.6	3	7.7	+11.9	5	9.1	+10.5
# w/ 4313314 combo- Only Patients Actually Immunized	2	3.9	0	0.0	+3.9	0	0.0	+3.9

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Childhood Immunizations (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
User Pop Pts 19-35 months	74		68			82		
# w/ 43133 combo or Dx/Contraind/Ref	11	14.9	4	5.9	+9.0	6	7.3	+7.5
A. Refusals w/ % of Total 43133	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/ Dx/Contraind/NMI Ref w/ % of Total 43133	0	0.0	0	0.0	+0.0	0	0.0	+0.0

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Childhood Immunizations (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# w/ 431331 combo or w Dx/ Contraind/ Refusal	10	13.5	3	4.4	+9.1	5	6.1	+7.4
A. # Refusals w/ % of Total 431331	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/ Dx/Contraind/NMI Ref w/ % of Total 431331	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/ 4313314 combo or w/Dx/Contraind/ Refusal	2	2.7	0	0.0	+2.7	0	0.0	+2.7
A. # Refusals w/ % of Total 4313314	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/ Dx/Contraind/NMI Ref w/ % of Total 4313314	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/ 4 doses DTaP or w/ Dx/ Contraind/Refusal	14	18.9	4	5.9	+13.0	9	11.0	+7.9
A. # Refusals w/ % of Total DTaP	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/ Dx/Contraind/NMI Ref w/ % of Total DTaP	2	14.3	0	0.0	+14.3	0	0.0	+14.3
# w/ 3 doses Polio or w/Dx/Contraind/ Refusal	18	24.3	11	16.2	+8.1	13	15.9	+8.5
A. # Refusals w/ % of Total Polio	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/ Dx/Contraind/NMI Ref w/ % of Total Polio	0	0.0	0	0.0	+0.0	1	7.7	-7.7

*** IHS 2008 Selected Measures with Community Specified Report ***
DEMO INDIAN HOSPITAL
Report Period: Jan 01, 2007 to Dec 31, 2007
Previous Year Period: Jan 01, 2006 to Dec 31, 2006
Baseline Period: Jan 01, 2000 to Dec 31, 2000

Childhood Immunizations (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# w/ 1 dose MMR or w/ Dx/Contraind/ Refusal	18	24.3	11	16.2	+8.1	19	23.2	+1.2
A. # Refusals w/ % of Total MMR	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/Dx/Contraind/NMI Ref w/ % of Total MMR	0	0.0	0	0.0	+0.0	1	5.3	-5.3
# w/ 3 doses HIB or w/Dx/Contraind/ Refusal	17	23.0	9	13.2	+9.7	14	17.1	+5.9
A. # Refusals w/ % of Total HIB	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/ Dx/Contraind/NMI Ref w/ % of Total HIB	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/ 3 doses Hep B or w/ Dx/Contraind/ Refusal	18	24.3	10	14.7	+9.6	14	17.1	+7.3
A. # Refusals w/ % of Total Hep B	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/ Dx/Contraind/NMI Ref w/ % of Total Hep B	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/ 1 dose Varicella or w/ Dx/Contraind/Ref	19	25.7	11	16.2	+9.5	15	18.3	+7.4
A. # Refusals w/ % of Total Varicella	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/ Dx/Contraind/NMI Ref w/ % of Total Varicella	0	0.0	1	9.1	-9.1	1	6.7	-6.7
# w/4 doses Pneumococcal or w/Dx/ Contraind/ Refusal	3	4.1	0	0.0	+4.1	0	0.0	+4.1
A. # Refusals w/ % of Total Pneumococcal	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/ Dx/ Contraind/ NMI Ref w/ % of Total Pneumococcal	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/ All 43133 combo								

Only Patients Actually Immunized	11	14.9	4	5.9	+9.0	6	7.3	+7.5
# w/ 431331 combo - Only Patients Actually immunized	10	13.5	3	4.4	+9.1	5	6.1	+7.4
# w/ 4313314 combo - Only Patients Actually Immunized	2	2.7	0	0.0	+2.7	0	0.0	+2.7

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Childhood Immunizations (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Imm Pkg Pts 19-35 months (GPRA)	29		0			0		
# w/ 43133 combo or w/ Dx/ Contraind/ Refusal (GPRA)	11	37.9	0	0.0	+37.9	0	0.0	+37.9
A. Refusals w/ % of Total 43133	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/ Dx/Contraind/NMI Ref w/ % of Total 43133	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/ 431331 combo or w/ Dx/ Contraind/ Refusal	10	34.5	0	0.0	+34.5	0	0.0	+34.5
A. # Refusals w/ % of Total 431331	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/ Dx/Contraind/NMI Ref w/ % of Total 431331	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/ 4313314 combo or w/Dx/Contraind/ Refusal	2	6.9	0	0.0	+6.9	0	0.0	+6.9
A. # Refusals w/ % of Total 4313314	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/ Dx/Contraind/NMI Ref w/ % of Total 4313314	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/ 4 doses DTaP or w/ Dx/ Contraind/Refusal	13	44.8	0	0.0	+44.8	0	0.0	+44.8
A. # Refusals w/ % of Total DTaP	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/ Dx/Contraind/NMI Ref w/ % of Total DTaP	1	7.7	0	0.0	+7.7	0	0.0	+7.7

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Childhood Immunizations (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# w/ 3 doses Polio or w/ Dx/ Contraind/Refusal	17	58.6	0	0.0	+58.6	0	0.0	+58.6
A. # Refusals w/ % of Total Polio	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/ Dx/Contraind/NMI Ref w/ % of Total Polio	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/ 1 dose MMR or w/ Dx/Contraind/ Refusal	16	55.2	0	0.0	+55.2	0	0.0	+55.2
A. # Refusals w/ % of Total MMR	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/Dx/Contraind/NMI Ref w/ % of Total MMR	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/ 3 doses HIB or w/Dx/Contraind/ Refusal	16	55.2	0	0.0	+55.2	0	0.0	+55.2
A. # Refusals w/ % of Total HIB	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/ Dx/Contraind/NMI Ref w/ % of Total HIB	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/ 3 doses Hep B or w/ Dx/Contraind/ Refusal	16	55.2	0	0.0	+55.2	0	0.0	+55.2
A. # Refusals w/ % of Total Hep B	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/ Dx/Contraind/NMI Ref w/ % of Total HEP B	0	0.0	0	0.0	+0.0	0	0.0	+0.0

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Childhood Immunizations (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# w/ 1 dose Varicella or w/ Dx/Contraind/ Refusal	16	55.2	0	0.0	+55.2	0	0.0	+55.2
A. # Refusals w/ % of Total Varicella	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/ Dx/Contraind/NMI Ref w/ % of Total Varicella	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/4 doses Pneumococcal or w/Dx/ Contraind/ Refusal	3	10.3	0	0.0	+10.3	0	0.0	+10.3
A. # Refusals w/ % of Total Pneumococcal	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/ Dx/ Contraind/ NMI Ref w/ % of Total Pneumococcal	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/ 43133 combo - Only Patients Actually Immunized	11	37.9	0	0.0	+37.9	0	0.0	+37.9
# w/ 431331 combo - Only Patients Actually immunized	10	34.5	0	0.0	+34.5	0	0.0	+34.5
# w/ 4313314 Combo - Only Patients Actually Immunized	2	6.9	0	0.0	+6.9	0	0.0	+6.9

*** IHS 2008 Selected Measures with Community Specified Report ***
DEMO INDIAN HOSPITAL
Report Period: Jan 01, 2007 to Dec 31, 2007
Previous Year Period: Jan 01, 2006 to Dec 31, 2006
Baseline Period: Jan 01, 2000 to Dec 31, 2000

Adolescent Immunizations

Denominator(s):
Active Clinical patients age 13.
Female Active Clinical patients age 13.
Active Clinical patients ages 13-17.
Female Active Clinical patients age 13-17.

Numerator(s):
Patients who have received the 2:3:1 combination (i.e. 2 MMR, 3 Hepatitis B, 1 Varicella), including refusals, contraindications, and evidence of disease.
A: Patients with documented REF refusal in PCC or Parent or Patient refusal in the IZ program.
B: Patients with either (1) evidence of the disease, (2) a contraindication, or (3) a documented NMI (not medically indicated) refusal.
Patient who have received the 1:3:2:1 combination (i.e. 1 Td/Tdap, 3 Hepatitis B, 2 MMR, 1 Varicella), including refusals, contraindications, and evidence of disease.
A: Patients with documented REF refusal in PCC or Parent or Patient refusal in the IZ program.
B: Patients with either (1) evidence of the disease, (2) a contraindication, or (3) a documented NMI (not medically indicated) refusal.
Patients who have received 1 dose of Tdap/Td ever, including refusals, contraindications, and evidence of disease.
A: Patients with documented REF refusal in PCC or Parent or Patient refusal in the IZ program.
B: Patients with either (1) evidence of the disease, (2) a contraindication, or (3) a documented NMI (not medically indicated) refusal.
C: Patients who have received 1 dose of Tdap ever, including refusals, contraindications, and evidence of disease.
Patients who have received 2 doses of MMR ever, including refusals, contraindications, and evidence of disease.
A: Patients with documented REF refusal in PCC or Parent or Patient refusal in the IZ program.
B: Patients with either (1) evidence of the disease, (2) a contraindication, or (3) a documented NMI (not medically indicated) refusal.
Patients who have received 3 doses of Hepatitis B ever, including refusals, contraindications, and evidence of disease.
A: Patients with documented REF refusal in PCC or Parent or Patient refusal in the IZ program.
B: Patients with either (1) evidence of the disease, (2) a contraindication, or (3) a documented NMI (not medically indicated)

refusal.
Patients who have received 1 dose of Varicella ever, including refusals, contraindications, and evidence of disease.
A: Patients with documented REF refusal in PCC or Parent or Patient refusal in the IZ program.
B: Patients with either (1) evidence of the disease, (2) a contraindication, or (3) a documented NMI (not medically indicated) refusal.
Patients who have received 1 dose of meningococcal ever, including refusals, contraindications, and evidence of disease.
A: Patients with documented REF refusal in PCC or Parent or Patient refusal in the IZ program.
B: Patients with either (1) evidence of the disease, (2) a contraindication, or (3) a documented NMI (not medically indicated) refusal.
Patients who have received 3 doses of HPV ever, including refusals, contraindications, and evidence of disease.
A: Patients with documented REF refusal in PCC or Parent or Patient refusal in the IZ program.
B: Patients with either (1) evidence of the disease, (2) a contraindication, or (3) a documented NMI (not medically indicated) refusal.

Logic:
Age of the patient is calculated at the beginning of the Report period. Because IZ data comes from multiple sources, any IZ codes documented on dates within 10 days of each other will be considered as the same immunization.

Dosage and types of immunization definitions:

- 1 dose of Td or Tdap

- 2 doses of MMR: 1) 2 MMRs; 2) 2 M/R and 2 Mumps; 3) 2 R/M and 2 Measles; or 4) 2 each of Measles, Mumps, and Rubella.

- 3 doses of Hep B OR 2 doses IF documented with CPT 90743.

- 1 dose of Varicella

- 1 dose of Meningococcal

- 3 doses of HPV

Refusals, evidence of disease, and contraindications for individual immunizations will also count toward meeting the definition, as defined below.

- Each immunization must be refused and documented separately. For example, if a patient refused Rubella only, then there must be either an immunization, contraindication, or separate refusal for the Measles and Mumps immunizations.

- For immunizations where required number of doses is >1, only one refusal is necessary to be counted in the numerator. For example, if there is a single refusal for Hepatitis B, the patient will be included in the numerator.

- Evidence of disease will be checked for at any time in the child's life (prior to the end of the Report period.)

- To be counted in sub-numerator A, a patient must have a REF refusal in PCC or a Parent or Patient Refusal in the IZ program for any of the immunizations in the numerator. For example, if a patient refused Rubella only but had immunizations for Measles and Mumps, the patient would be included in sub-numerator A.

- To be counted in sub-numerator B, a patient must have evidence of disease, a contraindication, or an NMI refusal for any of the immunizations in the numerator. For example, if a patient was Rubella immune but had a Measles and Mumps immunization, the patient would be included in sub-numerator B.

- Refusal Definitions: Parent/Patient Refusal in Immunization package or PCC Refusal type REF or NMI for IZ codes: MMR: 3, 94: M/R: 4; R/M: 38; Measles: 5; Mumps: 7; Rubella: 6; Hepatitis B: 8, 42-45, 51, 102, 104, 110; Varicella: 21, 94; Tdap: 115; Td: 9, 113; Meningococcal: 32, 108, 114, HPV: 62, 118

- MMR definitions: 1) Immunization (CVX) codes: 3, 94; 2) POV V06.4; 3) CPT: 90707, 90710; 4) Procedure 99.48. MMR contraindication definitions: POV: 279, V08, 042, 200-202, 203.0, 203.1, 203.8, 204-208; or Immunization Package contraindication of "Anaphylaxis," "Immune Deficiency," "Immune Deficient," or "Neomycin Allergy."

- M/R definitions: 1) Immunization (CVX) code 4; 2) CPT 90708. M/R contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

- R/M definitions: 1) Immunization (CVX) code 38; 2) CPT 90709 (old code). R/M contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

- Measles definitions: 1) Immunization (CVX) code 5; 2) POV V04.2; 3)

CPT 90705; 4) Procedure 99.45. Measles evidence of disease definition: POV or PCC Problem List (active or inactive) 055*. Measles contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

- Mumps definitions: 1) Immunization (CVX) code 7; 2) POV V04.6; 3) CPT 90704; 4) Procedure 99.46. Mumps evidence of disease definition: POV or PCC Problem List (active or inactive) 072*. Mumps contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

- Rubella definitions: 1) Immunization (CVX) code 6; 2) POV V04.3; 3) CPT 90706; 4) Procedure 99.47. Rubella evidence of disease definitions: POV or PCC Problem List (active or inactive) 056*, 771.0. Rubella contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

- Hepatitis B definitions: 1) Immunization (CVX) codes: 8, 42-45, 51, 102, 104, 110; 2) CPT: 90636, 90723, 90731 (old code), 90740, 90743-90748, G0010, Q3021, Q3023. Hepatitis B evidence of disease definitions: POV or PCC Problem List (active or inactive): V02.61, 070.2, 070.3. Hepatitis B contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

- Varicella definitions: 1) Immunization (CVX) codes: 21, 94; 2) POV V05.4; 3) CPT: 90710, 90716. Varicella evidence of disease definitions: 1) POV or PCC Problem List (active or inactive) 052*, 053*; or 2) Immunization Package contraindication of "Hx of Chicken Pox" or "Immune." Varicella contraindication definitions: POV: 279, V08, 042, 200-202, 203.0, 203.1, 203.8, 204-208; or Immunization Package contraindication of "Anaphylaxis," "Immune Deficiency," "Immune Deficient," or "Neomycin Allergy."

- Tdap IZ definition: 1) Immunization (CVX) code: 115; 2) CPT 90715. Tdap contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

- Td IZ definitions: 1) Immunization (CVX) code 9, 113; 2) POV V06.5; 3) CPT 90714, 90718. Td contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

- Meningococcal definition: 1) Immunization (CVX) codes: 32, 108, 114; 2) CPT 90733, 90734. Meningococcal contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

- HPV definition: 1) Immunization (CVX) codes: 62, 118; 2) CPT 90649. HPV contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

Performance Measure Description:

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Increase the rate of American Indian/Alaska Native adolescents who have received the recommended immunizations.

Past Performance and/or Target:
HP 2010 Goal: for each individual IZ 90%

Source:
HEDIS, HP 2010 14-24b (developmental), 14-27

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	BASE PERIOD	%	CHG from BASE
Active Clinical patients age 13	18		17			28		
# w/2:3:1 Combo or w/ Dx/Contraind/ Refusal	2	11.1	0	0.0	+11.1	0	0.0	+11.1
A. # Refusals w/ % of Total 2:3:1	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/ Dx/ Contraind/ NMI Ref w/ % of Total 2:3:1	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/1:3:2:1 Combo or w/ Dx/Contraind/ Refusal	1	5.6	0	0.0	+5.6	0	0.0	+5.6
A. # Refusals w/ % of Total 1:3:2:1	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/ Dx/ Contraind/ NMI Ref w/ % of Total 1:3:2:1	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/ 1 dose Tdap/Td or w/ Dx/ Contraind/ Refusal	3	16.7	4	23.5	-6.9	6	21.4	-4.8
A. # Refusals w/ % of Total Tdap/Td	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/ Dx/ Contraind/ NMI Ref w/ % of Total Tdap/Td	0	0.0	0	0.0	+0.0	0	0.0	+0.0
C. # w/ Tdap or w/ Dx/ Contraind/ Refusal	0	0.0	0	0.0	+0.0	0	0.0	+0.0

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Adolescent Immunizations (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# w/ 2 doses MMR or w/ DX/ Contraind/ Refusal	5	27.8	0	0.0	+27.8	0	0.0	+27.8
A. # Refusals w/ % of Total MMR	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/ Dx/ Contraind/ NMI Ref w/ % of Total MMR	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/ 3 doses Hep B or w/ Dx/ Contraind/ Refusal	7	38.9	4	23.5	+15.4	9	32.1	+6.7
A. # Refusals w/ % of Total Hep B	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/Dx/ Contraind/ NMI Ref w/ % of Total Hep B	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/ 1 dose Varicella or w/ Dx/ Contraind/ Refusal	4	22.2	1	5.9	+16.3	0	0.0	+22.2
A. # Refusals w/ % of Total Varicella	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/ Dx/ Contraind/ NMI Ref w/ % of Total Varicella	1	25.0	0	0.0	+25.0	0	0.0	+25.0
# w/ 1 dose Meningococcal or w/ Dx/ Contraind/ Refusal	0	0.0	0	0.0	+0.0	0	0.0	+0.0
A. # Refusals w/ % of Total Meningococcal	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/ Dx/ Contraind/ NMI Ref w/ % of Total Meningococcal	0	0.0	0	0.0	+0.0	0	0.0	+0.0

*** IHS 2008 Selected Measures with Community Specified Report ***
DEMO INDIAN HOSPITAL
Report Period: Jan 01, 2007 to Dec 31, 2007
Previous Year Period: Jan 01, 2006 to Dec 31, 2006
Baseline Period: Jan 01, 2000 to Dec 31, 2000

Adolescent Immunizations (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Female Active Clinical Pts Age 13	10		5			13		
# w/ 3 doses HPV or w/ Dx/ Contrain/ Refusal	1	10.0	0	0.0	+10.0	0	0.0	+10.0
A. # Refusals w/ % of Total HPV	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/ Dx/ Contraind/ NMI Ref w/ % of Total HPV	0	0.0	0	0.0	+0.0	0	0.0	+0.0
Active Clinical patients ages 13-17	86		78			92		
# w/2:3:1 Combo or w/ Dx/Contraind/ Refusal	2	2.3	0	0.0	+2.3	0	0.0	+2.3
A. # Refusals w/ % of Total 2:3:1	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/ Dx/ Contraind/ NMI Ref w/ % of Total 2:3:1	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/1:3:2:1 Combo or w/ Dx/Contraind/ Refusal	1	1.2	0	0.0	+1.2	0	0.0	+1.2
A. # Refusals w/ % of Total 1:3:2:1	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/ Dx/ Contraind/ NMI Ref w/ % of Total 1:3:2:1	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/ 1 dose Tdap/Td or w/ Dx/ Contraind/ Refusal	29	33.7	18	23.1	+10.6	21	22.8	+10.9
A. # Refusals w/ % of Total Tdap/Td	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/ Dx/ Contraind/ NMI Ref w/ % of Total Tdap/Td	0	0.0	0	0.0	+0.0	0	0.0	+0.0
C. # w/ Tdap or w/ Dx/ Contraind/ Refusal	2	2.3	0	0.0	+2.3	0	0.0	+2.3

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Adolescent Immunizations (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# w/ 2 doses MMR or w/ DX/ Contraind/ Refusal	6	7.0	0	0.0	+7.0	0	0.0	+7.0
A. # Refusals w/ % of Total MMR	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/ Dx/ Contraind/ NMI Ref w/ % of Total MMR	1	16.7	0	0.0	+16.7	0	0.0	+16.7
# w/ 3 doses Hep B or w/ Dx/ Contraind/ Refusal	25	29.1	19	24.4	+4.7	27	29.3	-0.3
A. # Refusals w/ % of Total Hep B	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/Dx/ Contraind/ NMI Ref w/ % of Total Hep B	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/ 1 dose Varicella or w/ Dx/ Contraind/ Refusal	7	8.1	1	1.3	+6.9	0	0.0	+8.1
A. # Refusals w/ % of Total Varicella	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/ Dx/ Contraind/ NMI Ref w/ % of Total Varicella	3	42.9	0	0.0	+42.9	0	0.0	+42.9
# w/ 1 dose Meningococcal or w/ Dx/ Contraind/ Refusal	2	2.3	0	0.0	+2.3	0	0.0	+2.3
A. # Refusals w/ % of Total Meningococcal	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/ Dx/ Contraind/ NMI Ref w/ % of Total Meningococcal	0	0.0	0	0.0	+0.0	0	0.0	+0.0

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Adolescent Immunizations (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Female Active Clinical Pts Ages 13-17	41		34			44		
# w/ 3 doses HPV or w/ Dx/ Contraind/ Refusal	4	9.8	0	0.0	+9.8	0	0.0	+9.8
A. # Refusals w/ % of Total HPV	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/ Dx/ Contraind/ NMI Ref w/ % of Total HPV	0	0.0	0	0.0	+0.0	0	0.0	+0.0

Appropriate Treatment for Children with Upper Respiratory Infection

Denominator(s):
Active Clinical patients who were ages 3 months through 18 years who were diagnosed with an upper respiratory infection during the period six months (180 days) prior to the Report period through the first six months of the Report period.
User Population patients who were ages 3 months through 18 years who were diagnosed with an upper respiratory infection during the period six months (180 days) prior to the Report period through the first six months of the Report period.

Numerator(s):
Patients who were NOT prescribed an antibiotic on within three days after diagnosis. In this measure, appropriate treatment is not to receive an antibiotic.

Logic:
Age is calculated as follows: Children 3 months as of six months (180 days) of the year prior to the Report period to 18 years as of the first six months of the Report period.

In order to be included in the denominator, ALL of the following conditions must be met:

1. Patient's diagnosis of an upper respiratory infection (URI) must have occurred at an outpatient visit. Upper Respiratory Infection defined as POV 460 or 465.*. Outpatient visit defined as Service Category A, S, or O.

2. If outpatient visit was to clinic code 30 (Emergency Medicine), it must not have resulted in a hospitalization, defined as service cagegory H, either on the same day or the next day with URI diagnosis.

3. Patient's visit must ONLY have a diagnosis of URI. If any other diagnosis exists, the visit will be excluded.

4. The patient did not have a new or refill prescription for antibiotics within 30 days prior to the URI visit date.

5. The patient did not have an active prescription for antibiotics as of the URI visit date. "Active" prescription defined as:

Rx Days Supply >= (URI Visit Date - Prescription Date)

If multiple visits exist that meet the above criteria, the first visit will be used.

*** IHS 2008 Selected Measures with Community Specified Report ***
DEMO INDIAN HOSPITAL
Report Period: Jan 01, 2007 to Dec 31, 2007
Previous Year Period: Jan 01, 2006 to Dec 31, 2006
Baseline Period: Jan 01, 2000 to Dec 31, 2000

Antibiotic medications defined with medication taxonomy BGP HEDIS ANTIBIOTIC MEDS or V Procedure 99.21. (Medications are: Amoxicillin, Amox/Clavulanate, Ampicillin, Azithromycin, Cefaclor, Cefadroxil hydrate, Cefazolin, Cefdinir, Cefixime, Cefditoren, Ceftibuten, Cefpodoxime proxetil, Cefprozil, Ceftriaxone, Cefuroxime, Cephalexin, Cephradine, Ciprofloxacin, Clindamycin, Dicloxacillin, Doxycycline, Erythromycin, Ery E-Succ/Sulfisoxazole, Gatifloxacin, Levofloxacin, Lomefloxacin, Loracarbef, Minocycline, Ofloxacin, Penicillin VK, Penicillin G, Sparfloxacin, Sulfisoxazole, Tetracycline, Trimethoprim, Trimethoprim-Sulfamethoxazol.)

Performance Measure Description:
Increase the proportion of children who received appropriate treatment for an upper respiratory infection.

Source:
HEDIS

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical 3 months-18 yrs w/Upper Respiratory Infection	31		36			29		
# w/o Antibiotic Rx	30	96.8	35	97.2	-0.4	27	93.1	+3.7
User Pop 3 months-18 yrs w/Upper Respiratory Infection	36		38			35		
# w/o Antibiotic Rx	35	97.2	37	97.4	-0.1	32	91.4	+5.8

Appropriate Testing for Children with Pharyngitis

Denominator(s):
Active Clinical patients who were ages 2-18 years who were diagnosed with pharyngitis and prescribed an antibiotic during the period six months (180 days) prior to the Report period through the first six months of the Report period.
User Population patients who were ages 2-18 years who were diagnosed with pharyngitis and prescribed an antibiotic during the period six months (180 days) prior to the Report period through the first six months of the Report period.

Numerator(s):
Patients who received a Group A strep test.

Logic:
Age is calculated as follows: Children 2 years as of six months (180 days) of the year prior to the Report period to 18 years as of the first six months of the Report period.

In order to be included in the denominator, ALL of the following conditions must be met:

1. Patient's diagnosis of pharyngitis must have occurred at an outpatient visit. Pharyngitis defined as POV 462, 463, or 034.0. Outpatient visit defined as Service Category A, S, or O.

2. If outpatient visit was to clinic code 30 (Emergency Medicine), it must not have resulted in a hospitalization, defined as service category H, either on the same day or the next day with pharyngitis diagnosis.

3. Patient's visit must ONLY have a diagnosis of pharyngitis. If any other diagnosis exists, the visit will be excluded.

4. The patient did not have a new or refill prescription for antibiotics within 30 days prior to the pharyngitis visit date.

5. The patient did not have an active prescription for antibiotics as of the pharyngitis visit date. "Active" prescription defined as:

Rx Days Supply >= (URI Visit Date - Prescription Date)

6. The patient filled a prescription for antibiotics on or within three days after the pharyngitis visit.

If multiple visits exist that meet the above criteria, the first visit will be used.

*** IHS 2008 Selected Measures with Community Specified Report ***
DEMO INDIAN HOSPITAL
Report Period: Jan 01, 2007 to Dec 31, 2007
Previous Year Period: Jan 01, 2006 to Dec 31, 2006
Baseline Period: Jan 01, 2000 to Dec 31, 2000

Antibiotic medications defined with medication taxonomy BGP HEDIS ANTIBIOTIC MEDS or V Procedure 99.21. (Medications are: Amoxicillin, Amox/Clavulanate, Ampicillin, Azithromycin, Cefaclor, Cefadroxil hydrate, Cefazolin, Cefdinir, Cefixime, Cefditoren, Ceftibuten, Cefpodoxime proxetil, Cefprozil, Ceftriaxone, Cefuroxime, Cephalexin, Cephradine, Ciprofloxacin, Clindamycin, Dicloxacillin, Doxycycline, Erythromycin, Ery E-Succ/Sulfisoxazole, Gatifloxacin, Levofloxacin, Lomefloxacin, Loracarbef, Minocycline, Ofloxacin, Penicillin VK, Penicillin G, Sparfloxacin, Sulfisoxazole, Tetracycline, Trimethoprim, Trimethoprim-Sulfamethoxazol.)

To be included in the numerator, a patient must have received a Group A Streptococcus test within the 7-day period beginning three days prior through three days after the Pharyngitis visit date.

Group A Streptococcus test defined as: CPT 87430 (by enzyme immunoassay), 87650-87652 (by nucleic acid), 87880 (by direct optical observation), 87081 (by throat culture); site-populated taxonomy BGP GROUP A STREP; and LOINC taxonomy.

Performance Measure Description:
Increase the proportion of children with pharyngitis who received a Group A Strep test.

Source:
HEDIS

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical 2-18 yrs w/ Pharyngitis and Antibiotic Rx	10		5			8		
# w/Group A Strep Test	9	90.0	3	60.0	+30.0	2	25.0	+65.0

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Appropriate Testing for Children with Pharyngitis (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
User Pop 2-18 yrs w/ Pharyngitis and Antibiotic Rx	11		7			10		
# w/Group A Strep Test	9	81.8	4	57.1	+24.7	2	20.0	+61.8

*** IHS 2008 Selected Measures with Community Specified Report ***
DEMO INDIAN HOSPITAL
Report Period: Jan 01, 2007 to Dec 31, 2007
Previous Year Period: Jan 01, 2006 to Dec 31, 2006
Baseline Period: Jan 01, 2000 to Dec 31, 2000

Cancer Screening: Pap Smear Rates

Denominator(s):
GPRA Denominator: Female Active Clinical patients ages 21 through 64 without documented history of Hysterectomy.
Female User Population patients ages 21 through 64 without a documented history of Hysterectomy.

Numerator(s):
GPRA Numerator: Patients with a Pap Smear documented in the past 3 years, including refusals in past year.
A: Patients with documented refusal in past year.

Logic:
Age of the patient is calculated at the beginning of the Report Period. Patients must be at least 21 years of age at the beginning of the Report Period and less than 65 years of age as of the end of the Report Period. Hysterectomy defined as any of the following ever: 1) V Procedure: 68.4-68.8; 2) CPT 51925, 56308 (old code), 58150, 58152, 58200-58294, 58548, 58550-58554, 58951, 58953-58954, 58956, 59135; or 3) V POV 618.5.

Pap Smear definitions: 1) V Lab: Pap Smear; 2) POV: V67.01 Follow-up Vaginal Pap Smear, V76.2 Screen Mal Neop-Cervix, V72.31 Routine Gynecological Examination, V72.32 Encounter for Pap Cervical Smear to Confirm Findings of Recent Normal Smear Following Initial Abnormal Smear, V72.3 Gynecological Examination, Pap Cervical Smear as Part of General Gynecological Exam, Pelvic Exam (annual) (periodic) (old code, to be counted for visits prior to 10/1/04 only), V76.47 Vaginal Pap Smear for Post-Hysterectomy Patients, 795.0*; 3) V Procedure: 91.46; 4) V CPT: 88141-88167, 88174-88175, G0101, G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091; 5) Women's Health: procedure called Pap Smear; 6) LOINC taxonomy; 7) site-populated taxonomy BGP PAP SMEAR TAX; 8) Refusal (in past year) Lab Test Pap Smear.

Performance Measure Description:
TBD

Past Performance and/or Target:
IHS Performance - FY 2007 - 59%, FY 2006 - 59%, FY 2005 - 60%, FY 2004 - 58%, FY 2003 - 61%; IHS 2010 Goal: 90%

Source:
HP 2010 3-4

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Cancer Screening: Pap Smear Rates (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Female Active Clinical 21-64 years (GPRA)	463		349			320		
# w/Pap Smear recorded w/in 3 years (GPRA)	198	42.8	180	51.6	-8.8	147	45.9	-3.2
A. # Refusals w/ % of Total Pap	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# Female User Pop 21-64 years	815		660			610		
# w/Pap Smear recorded w/in 3 years	216	26.5	197	29.8	-3.3	158	25.9	+0.6
A. # Refusals w/ % of Total Pap	0	0.0	0	0.0	+0.0	0	0.0	+0.0

*** IHS 2008 Selected Measures with Community Specified Report ***
DEMO INDIAN HOSPITAL
Report Period: Jan 01, 2007 to Dec 31, 2007
Previous Year Period: Jan 01, 2006 to Dec 31, 2006
Baseline Period: Jan 01, 2000 to Dec 31, 2000

Cancer Screening: Mammogram Rates

Denominator(s):
GPRA Denominator: Female Active Clinical patients ages 52 through 64 without a documented history of bilateral mastectomy or two separate unilateral mastectomies.
Female Active Clinical patients ages 42 and older without a documented history of bilateral mastectomy or two separate unilateral mastectomies.
Female User Population patients ages 52 through 64 without a documented history of bilateral mastectomy or two separate unilateral mastectomies.
Female User Population patients ages 42 and older without a documented history of bilateral mastectomy or two separate unilateral mastectomies.

Numerator(s):
GPRA Numerator: All patients who had a Mammogram documented in the past 2 years, including documented refusals in past year.
A: Patients with documented refusal in the past year.

Logic:
Age of the patient is calculated at the beginning of the Report period. For all denominators, patients must be at least the minimum age as of the beginning of the Report Period. For the 52-64 denominator, the patients must be less than 65 years of age as of the end of the Report Period.

Bilateral mastectomy defined as: 1) V CPT: 19300.50-19307.50 OR 19300-19307 w/modifier 09950 (.50 and 09950 modifiers indicate bilateral), or old codes 19180, 19200, 19220, or 19240, w/modifier of .50 or 09950; 2) ICD Operation codes: 85.42; 85.44; 85.46; 85.48.

Unilateral mastectomy defined as: Must have 2 separate occurrences for either CPT or procedure codes on 2 different dates of service. 1) V CPT: 19300-19307, or old codes 19180, 19200, 19220, 19240; 2) ICD Operation codes: 85.41, 85.43, 85.45, 85.47.

Screening Mammogram definitions: 1) V Radiology or V CPT: 77051-77059, 76083 (old code), 76090 (old code), 76091 (old code), 76092 (old code), G0206; G0204, G0202; 2) POV: V76.11 screening mammogram for high risk patient; V76.12 other screening mammogram; 793.80 Abnormal mammogram, unspecified; 793.81 Mammographic microcalcification; 793.89 Other abnormal findings on radiological exam of breast; 3) V Procedure: 87.36 Xerography of breast, 87.37 Other Mammography; 4) Women's Health: Mammogram Screening, Mammogram Dx Bilat, Mammogram Dx Unilat; 5) Refusal (in past year): V Radiology Mammogram for CPT 77051-77059, 76083 (old code), 76090 (old code), 76091 (old code), 76092 (old code), G0206, G0204, G0202.

Performance Measure Description:

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

TBD

Past Performance and/or Target:
IHS Performance: FY 2007 - 43%, FY 2006 - 41%, FY 2005 - 41%, FY 2004 - 40%, FY 2003 - 40%; IHS 2010 Goal: 70%

Source:
HP 2010 3-3

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# Female Active Clinical 52-64 (GPRA)	86		58			47		
# w/Mammogram recorded w/in 2 years (GPRA)	30	34.9	22	37.9	-3.0	22	46.8	-11.9
A. # Refusals w/ % of Total Mammograms	5	16.7	0	0.0	+16.7	0	0.0	+16.7
# Female Active Clinical 42+	258		175			163		
# w/Mammogram recorded w/in 2 years	58	22.5	61	34.9	-12.4	54	33.1	-10.6
A. # Refusals w/ % of Total Mammogram	6	10.3	0	0.0	+10.3	0	0.0	+10.3
# Female User Pop 52-64	172		115			100		
# w/Mammogram recorded w/in 2 years	32	18.6	25	21.7	-3.1	23	23.0	-4.4
A. # Refusals w/ % of total Mammograms	5	15.6	0	0.0	+15.6	0	0.0	+15.6

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Cancer Screening: Mammogram Rates (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# Female User Pop 42+	501		356			330		
# w/Mammogram recorded w/in 2 years	61	12.2	67	18.8	-6.6	58	17.6	-5.4
A. # Refusals w/ % of Total Mammogram	6	9.8	0	0.0	+9.8	0	0.0	+9.8

Colorectal Cancer Screening

Denominator(s):
GPRA Denominator: All Active Clinical patients ages 51-80 without a documented history of colorectal cancer or total colectomy, broken out by gender.
All User Population patients ages 51-80 without any documented diagnosis of colorectal cancer or total colectomy.

Numerator(s):
GPRA Numerator: Patients who have had ANY CRC screening, defined as any of the following: 1) Fecal Occult Blood test during the Report period; 2) flexible sigmoidoscopy or double contrast barium enema in the past 5 years; or 3) colonoscopy in the past 10 years; or 4) a documented refusal in the past year.
A: Patients with documented refusal in the past year.
Patients with Fecal Occult Blood test (FOBT) during the Report period.
Patients with a flexible sigmoidoscopy or double contrast barium enema in the past 5 years or a colonoscopy in the past 10 years.
Patients with a flexible sigmoidoscopy in the past 5 years or a colonoscopy in the past 10 years.
Patients with a flexible sigmoidoscopy and double contrast barium enema in the past 5 years or a colonoscopy in the past 10 years.

Logic:
Age is calculated at the beginning of the Report period.

Denominator Exclusions: Any diagnosis ever of one of the following:

1. Colorectal Cancer: POV: 153.*, 154.0, 154.1, 197.5, V10.05; CPT G0213-G0215, G0231.
2. Total Colectomy: CPT 44150-44151, 44152 (old code), 44153 (old code), 44155-44158, 44210-44212; V Procedure 45.8.

Screening defined as the most recent of any of the following during applicable timeframes: 1. Fecal Occult Blood lab test (FOBT): CPT 82270, 82274, 89205 (old code), G0107 (old code), G0328, G0394; V POV V76.51 Colon screening; LOINC taxonomy; or site-populated taxonomy BGP GPRA FOB TESTS; 2. Flexible Sigmoidoscopy: V Procedure 45.24, 45.42; CPT 45330-45345, G0104; 3. Double contrast barium enema: CPT or VRad: 74280; 4. Colonoscopy: V Procedure 45.22, 45.23, 45.25, 45.43; CPT 44388-44394, 44397, 45355, 45378-45387, 45391, 45392, 45325 (old), G0105, G0121.

Refusals in past year: 1. FOBT: Refusal of V Lab Fecal Occult Blood test or CPT code 82270, 82274, 89205 (old code), G0107 (old code), G0328, or G0394, 2. Flexible Sigmoidoscopy: Refusal of V Procedure 45.24, 45.42 or CPT 45330-45345, G0104; 3. Double contrast barium enema: Refusal

of V Radiology CPT: 74280; 4. Colonoscopy: Refusal of V Procedure 45.22, 45.23, 45.25, 45.43 or V CPT 44388-44394, 44397, 45355, 45378-45387, 45391, 45392, 45325 (old), G0105, or G0121.

Performance Measure Description:
TBD

Past Performance and/or Target:
IHS Performance: FY 2007 - 26%, FY 2006 - 22%, FY 2005 (non-GPRA in 2005) - 23%, HP 2010 Goal for FOBT: 33%, HP 2010 Goal for Sigmoidoscopy: 50%

Source:
HEDIS, HP 2010 3-12a (FOBT past 2 years), 3-12b (sigmoidoscopy ever)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
AC Pts 51-80 w/o colorectal cancer or total colectomy (GPRA)	278		182			149		
# w/ CRC screening (GPRA)	54	19.4	46	25.3	-5.9	26	17.4	+2.0
A. # Refusals w/ % of Total CRC	7	13.0	0	0.0	+13.0	0	0.0	+13.0
# w/FOB test during Report period	12	4.3	12	6.6	-2.3	1	0.7	+3.6
# w/Flex Sig, DCBE, or Colonoscopy	40	14.4	37	20.3	-5.9	26	17.4	-3.1
# w/Flex Sig or Colonoscopy	37	13.3	30	16.5	-3.2	19	12.8	+0.6
# w/Flex Sig & DCBE or Colonoscopy	33	11.9	27	14.8	-3.0	17	11.4	+0.5
Male Active Clinical 51-80	134		83			62		
# w/ CRC screening	25	18.7	18	21.7	-3.0	9	14.5	+4.1
A. # Refusals w/ % of Total CRC	4	16.0	0	0.0	+16.0	0	0.0	+16.0
# w/FOB test during Report period	5	3.7	4	4.8	-1.1	0	0.0	+3.7
# w/Flex Sig, DCBE, or Colonoscopy	18	13.4	15	18.1	-4.6	9	14.5	-1.1
# w/Flex Sig or Colonoscopy	17	12.7	14	16.9	-4.2	8	12.9	-0.2
# w/Flex Sig & DCBE or Colonoscopy	16	11.9	13	15.7	-3.7	8	12.9	-1.0

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DEMO INDIAN HOSPITAL

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Colorectal Cancer Screening (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Female Active Clinical 51-80	144		99			87		
# w/ CRC screening	29	20.1	28	28.3	-8.1	17	19.5	+0.6
A. # Refusals w/ % of Total CRC	3	10.3	0	0.0	+10.3	0	0.0	+10.3
# w/FOB test during Report period	7	4.9	8	8.1	-3.2	1	1.1	+3.7
# w/Flex Sig, DCBE, or Colonoscopy	22	15.3	22	22.2	-6.9	17	19.5	-4.3
# w/Flex Sig or Colonoscopy	20	13.9	16	16.2	-2.3	11	12.6	+1.2
# w/Flex Sig & DCBE or Colonoscopy	17	11.8	14	14.1	-2.3	9	10.3	+1.5
Total User Population 51-80 w/o colorectal cancer or total colectomy	559		364			323		
# w/ CRC screening	61	10.9	52	14.3	-3.4	32	9.9	+1.0
A. # Refusals w/ % of Total CRC	7	1.3	0	0.0	+1.3	0	0.0	+1.3
# w/FOB test during Report period	12	2.1	14	3.8	-1.7	1	0.3	+1.8
# w/Flex Sig, DCBE, or Colonoscopy	47	8.4	43	11.8	-3.4	32	9.9	-1.5
# w/Flex Sig or Colonoscopy	43	7.7	35	9.6	-1.9	22	6.8	+0.9
# w/Flex Sig & DCBE or Colonoscopy	39	7.0	32	8.8	-1.8	20	6.2	+0.8

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Colorectal Cancer Screening (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Total Male User Pop 51-80	258		156			132		
# w/ CRC screening	26	10.1	19	12.2	-2.1	10	7.6	+2.5
A. # Refusals w/ % of Total CRC	4	1.6	0	0.0	+1.6	0	0.0	+1.6
# w/FOB test during Report period	5	1.9	4	2.6	-0.6	0	0.0	+1.9
# w/Flex Sig, DCBE, or Colonoscopy	19	7.4	16	10.3	-2.9	10	7.6	-0.2
# w/Flex Sig or Colonoscopy	18	7.0	15	9.6	-2.6	8	6.1	+0.9
# w/Flex Sig & DCBE or Colonoscopy	17	6.6	14	9.0	-2.4	8	6.1	+0.5
Total Female User Pop 51-80	301		208			191		
# w/ CRC screening	35	11.6	33	15.9	-4.2	22	11.5	+0.1
A. # Refusals w/ % of Total CRC	3	1.0	0	0.0	+1.0	0	0.0	+1.0
# w/FOB test during Report period	7	2.3	10	4.8	-2.5	1	0.5	+1.8
# w/Flex Sig, DCBE, or Colonoscopy	28	9.3	27	13.0	-3.7	22	11.5	-2.2
# w/Flex Sig or Colonoscopy	25	8.3	20	9.6	-1.3	14	7.3	+1.0
# w/Flex Sig & DCBE or Colonoscopy	22	7.3	18	8.7	-1.3	12	6.3	+1.0

Tobacco Use and Exposure Assessment

Denominator(s):
Active Clinical patients ages 5 and older, broken down by gender and age groups.
All pregnant female User Population patients with no documented miscarriage or abortion.
All User Population patients ages 5 and older broken down by gender.

Numerator(s):
Patients who have been screened for tobacco use during the Report period.
Patients identified as current tobacco users during the Report Period, both smokers and smokeless users.
A: Patients identified as current smokers during the Report Period.
B: Patients identified as current smokeless tobacco users during the Report Period.
Patients identified as exposed to environmental tobacco smoke (ETS) (second hand smoke) during the Report Period.

Logic:
Ages are calculated at beginning of Report period.

Pregnancy defined as at least two visits with POV or Problem diagnosis (V22.0-V23.9, V72.42, 640.*-649.*, 651.*-676.*) during the past 20 months, with one diagnosis occurring during the reporting period and with no documented miscarriage or abortion occurring after the second pregnancy POV and during the past 20 months. An additional 8 months is included for patients who were pregnant during the Report period but who had their tobacco assessment prior to that. Miscarriage definition: (1) POV: 630, 631, 632, 633*, 634*, (2) CPT 59812, 59820, 59821, 59830. Abortion definition: (1) POV: 635*, 636* 637*, (2) CPT: 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260-S2267, (3) Procedure: 69.01, 69.51, 74.91, 96.49.

Tobacco screening is defined as at least one of the following (time frame for pregnant female patients is the past 20 months): 1. Any health factor for category Tobacco documented during Report period; 2. Tobacco-related diagnoses (POV or current Active Problem List) 305.1, 305.1* (old codes), 649.00-649.04, or V15.82; 3. Dental code 1320; 4. Any patient education code containing "TO-", "-TO", "-SHS", 305.1, 305.1* (old codes), 649.00-649.04, or V15.82; or 5. CPT 1034F (Current Tobacco Smoker), 1035F (Current Smokeless Tobacco User), or 1036F (Current Tobacco Non-User).

Tobacco users defined as (time frame for pregnant female patients is the past 20 months): 1. Health Factors: Current Smoker, Current Smokeless, Current Smoker and Smokeless, Cessation-Smoker, Cessation-Smokeless; 2. Diagnosis codes 305.1, 305.10-305.12 (old codes), or 649.00-649.04; 3.

Dental code 1320; 4. CPT 1034F or 1035F.

Smokers defined as (time frame for pregnant female patients is the past 20 months): 1. Health Factors: Current Smoker, Current Smoker and Smokeless, or Cessation-Smoker; 2. Diagnosis codes 305.1, 305.10-305.12 (old codes), or 649.00-649.04; 3. Dental code 1320; 4. CPT 1034F.

Smokeless defined as (time frame for pregnant female patients is the past 20 months): 1. Health Factors: Current Smokeless, Current Smoker and Smokeless, or Cessation-Smokeless; 2. CPT 1035F.

ETS defined as (time frame for pregnant female patients is the past 20 months): Health Factor Smoker in Home or Exposure to Environmental Tobacco Smoke.

Performance Measure Description:
Increase the rate of screening for tobacco use.

Past Performance and/or Target:
Screening: IHS Performance: FY 2005 - 34.0%, FY 2004 - 27.0%

HP 2010 Goals: 27-1a (Cigarette smoking 18 and older): - 12%, 27-1b (Spit tobacco use 18 and older): 0.4%, 27-10 (Exposure to ETS-non smokers 4 and older): 63%

Source:
HP 2010 27-1a Cigarette smoking 18 and older, 27-1b Spit tobacco use 18 and older, 27-10 Exposure to ETS-nonsmokers 4 and older

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# Active Clinical Pts => 5	1,205		967			909		
# w/Tobacco Screening	539	44.7	407	42.1	+2.6	330	36.3	+8.4
# Tobacco Users w/ % of Total Screened	236	43.8	147	36.1	+7.7	130	39.4	+4.4
A. # Smokers w/ % of Total Tobacco Users	223	94.5	146	99.3	-4.8	129	99.2	-4.7
B. # Smokeless Tobacco Users w/ % of Total Tobacco Users	13	5.5	1	0.7	+4.8	1	0.8	+4.7
# exposed to ETS/ smoker in home w/ % of Total Screened	1	0.2	1	0.2	-0.1	1	0.3	-0.1

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Tobacco Use and Exposure Assessment (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# Male Active Clinical ages => 5	499		398			373		
# w/Tobacco Screening	195	39.1	140	35.2	+3.9	128	34.3	+4.8
# Tobacco Users w/ % of Total Screened	116	59.5	60	42.9	+16.6	58	45.3	+14.2
A. # Smokers w/ % of Total Tobacco Users	104	89.7	59	98.3	-8.7	57	98.3	-8.6
B. # Smokeless Tobacco Users w/ % of Total Tobacco Users	12	10.3	1	1.7	+8.7	1	1.7	+8.6
# exposed to ETS/ smoker in home w/ % of Total Screened	0	0.0	0	0.0	+0.0	1	0.8	-0.8
# Female Active Clinical ages => 5	706		569			536		
# w/Tobacco Screening	344	48.7	267	46.9	+1.8	202	37.7	+11.0
# Tobacco Users w/ % of Total Screened	120	34.9	87	32.6	+2.3	72	35.6	-0.8
A. # Smokers w/ % of Total Tobacco Users	119	99.2	87	100.0	-0.8	72	100.0	-0.8
B. # Smokeless Tobacco Users w/ % of Total Tobacco Users	1	0.8	0	0.0	+0.8	0	0.0	+0.8
# exposed to ETS/ smoker in home w/ % of Total Screened	1	0.3	1	0.4	-0.1	0	0.0	+0.3

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Tobacco Use and Exposure Assessment (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Pregnant Female Patients	41		50			48		
# w/Tobacco Screening	38	92.7	46	92.0	+0.7	31	64.6	+28.1
# Tobacco Users w/ % of Total Screened	10	26.3	12	26.1	+0.2	12	38.7	-12.4
A. # Smokers w/ % of Total Tobacco Users	10	100.0	12	100.0	+0.0	12	100.0	+0.0
B. # Smokeless Tobacco Users w/ % of Total Tobacco Users	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# exposed to ETS/ smoker in home w/ % of Total Screened	0	0.0	0	0.0	+0.0	0	0.0	+0.0

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Tobacco Use and Exposure Assessment (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# User Population ages =>5	2,478		2,043			2,016		
# w/Tobacco Screening	641	25.9	473	23.2	+2.7	386	19.1	+6.7
# Tobacco Users w/ % of Total Screened	290	45.2	178	37.6	+7.6	159	41.2	+4.1
A. # Smokers w/ % of Total Tobacco Users	273	94.1	176	98.9	-4.7	157	98.7	-4.6
B. # Smokeless Tobacco Users w/ % of Total Tobacco Users	17	5.9	2	1.1	+4.7	2	1.3	+4.6
# exposed to ETS/ smoker in home w/ % of Total Screened	1	0.2	1	0.2	-0.1	1	0.3	-0.1
# Male User Pop patients => 5	1,149		937			942		
# w/Tobacco Screening	227	19.8	163	17.4	+2.4	152	16.1	+3.6
# Tobacco Users w/ % of Total Screened	138	60.8	75	46.0	+14.8	73	48.0	+12.8
A. # Smokers w/ % of Total Tobacco Users	124	89.9	73	97.3	-7.5	71	97.3	-7.4
B. # Smokeless Tobacco Users w/ % of Total Tobacco Users	14	10.1	2	2.7	+7.5	2	2.7	+7.4
# exposed to ETS/ smoker in home w/ % of Total Screened	0	0.0	0	0.0	+0.0	1	0.7	-0.7

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Tobacco Use and Exposure Assessment (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# Female User Pop patients => 5	1,329		1,106			1,074		
# w/Tobacco Screening	414	31.2	310	28.0	+3.1	234	21.8	+9.4
# Tobacco Users w/ % of Total Screened	152	36.7	103	33.2	+3.5	86	36.8	-0.0
A. # Smokers w/ % of Total Tobacco Users	149	98.0	103	100.0	-2.0	86	100.0	-2.0
B. # Smokeless Tobacco Users w/ % of Total Tobacco Users	3	2.0	0	0.0	+2.0	0	0.0	+2.0
# exposed to ETS/ smoker in home w/ % of Total Screened	1	0.2	1	0.3	-0.1	0	0.0	+0.2

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Tobacco Use and Exposure Assessment (con't)

	TOTAL ACTIVE CLINICAL POPULATION					
	Age Distribution					
	5-13	14-17	18-24	25-44	45-64	65 and older
CURRENT REPORT PERIOD						
# Active Clinical	153	68	160	402	318	104
# Tobacco Screening	6	16	95	215	164	43
% w/Tobacco Screening	3.9	23.5	59.4	53.5	51.6	41.3
# Tobacco Users	1	6	42	97	79	11
% Tobacco Users w/ % of Total Screened	16.7	37.5	44.2	45.1	48.2	25.6
# Smokers	0	6	40	91	75	11
% Smokers w/ % of Total Tobacco Users	0.0	100.0	95.2	93.8	94.9	100.0
# Smokeless	1	0	2	6	4	0
% Smokeless w/ % of Total Tobacco Users	100.0	0.0	4.8	6.2	5.1	0.0
# ETS/Smk Home	0	0	0	1	0	0
% ETS/Smk Home w/ % of Total Screened	0.0	0.0	0.0	0.5	0.0	0.0
PREVIOUS YEAR PERIOD						
# Active Clinical	175	61	157	295	216	63
# Tobacco Screening	11	13	81	141	123	38
% w/Tobacco Screening	6.3	21.3	51.6	47.8	56.9	60.3
# Tobacco Users	0	4	33	56	46	8
% Tobacco Users w/ % of Total Screened	0.0	30.8	40.7	39.7	37.4	21.1
# Smokers	0	4	33	55	46	8
% Smokers w/ % of Total Tobacco Users	0.0	100.0	100.0	98.2	100.0	100.0
# Smokeless	0	0	0	1	0	0
% Smokeless w/ % of Total Tobacco Users	0.0	0.0	0.0	1.8	0.0	0.0
# ETS/Smk Home	0	0	0	1	0	0
% ETS/Smk Home w/ % of Total Screened	0.0	0.0	0.0	0.7	0.0	0.0

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Tobacco Use and Exposure Assessment (con't)

	TOTAL ACTIVE CLINICAL POPULATION	Age Distribution				
		5-13	14-17	18-24	25-44	45-64	65 and older
CHANGE FROM PREV YR %							
Tobacco Screening	-2.4	+2.2	+7.8	+5.7	-5.4	-19.0
Tobacco Users	+16.7	+6.7	+3.5	+5.4	+10.8	+4.5
Smokers	+0.0	+0.0	-4.8	-4.4	-5.1	+0.0
Smokeless	+100.0	+0.0	+4.8	+4.4	+5.1	+0.0
ETS	+0.0	+0.0	+0.0	-0.2	+0.0	+0.0
BASELINE REPORT PERIOD						
# Active Clinical	180	64	138	279	183	65
# Tobacco Screening	17	15	49	115	97	37
% w/Tobacco Screening	9.4	23.4	35.5	41.2	53.0	56.9
# Tobacco Users	0	6	21	54	41	8
% Tobacco Users w/ % of Total Screened	0.0	40.0	42.9	47.0	42.3	21.6
# Smokers	0	6	21	54	41	7
% Smokers w/ % of Total Tobacco Users	0.0	100.0	100.0	100.0	100.0	87.5
# Smokeless	0	0	0	0	0	1
% Smokeless w/ % of Total Tobacco Users	0.0	0.0	0.0	0.0	0.0	12.5
# ETS/Smk Home w/ % of Total Screened	0	0	0	0	1	0
% ETS/Smk Home	0.0	0.0	0.0	0.0	1.0	0.0
CHANGE FROM BASE YR %							
Tobacco Screening	-5.5	+0.1	+23.9	+12.3	-1.4	-15.6
Tobacco Users	+16.7	-2.5	+1.4	-1.8	+5.9	+4.0
Smokers	+0.0	+0.0	-4.8	-6.2	-5.1	+12.5
Smokeless	+100.0	+0.0	+4.8	+6.2	+5.1	-12.5
ETS	+0.0	+0.0	+0.0	+0.5	-1.0	+0.0

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Tobacco Use and Exposure Assessment (con't)

MALE ACTIVE CLINICAL POPULATION
Age Distribution

	5-13	14-17	18-24	25-44	45-64	65 and older
CURRENT REPORT PERIOD						
MALE Active Clinical	76	37	53	137	146	50
# Tobacco Screening	4	5	27	62	78	19
% w/Tobacco Screening	5.3	13.5	50.9	45.3	53.4	38.0
# Tobacco Users	1	2	18	44	45	6
% Tobacco Users w/ % of Total Screened	25.0	40.0	66.7	71.0	57.7	31.6
# Smokers	0	2	16	39	41	6
% Smokers w/ % of Total Tobacco Users	0.0	100.0	88.9	88.6	91.1	100.0
# Smokeless	1	0	2	5	4	0
% Smokeless w/ % of Total Tobacco Users	100.0	0.0	11.1	11.4	8.9	0.0
# ETS/Smk Home	0	0	0	0	0	0
% ETS/Smk Home w/ % of Total Screened	0.0	0.0	0.0	0.0	0.0	0.0
PREVIOUS YEAR PERIOD						
MALE Active Clinical	88	32	52	99	99	28
# Tobacco Screening	6	6	19	43	52	14
% w/Tobacco Screening	6.8	18.8	36.5	43.4	52.5	50.0
# Tobacco Users	0	2	12	21	22	3
% Tobacco Users w/ % of Total Screened	0.0	33.3	63.2	48.8	42.3	21.4
# Smokers	0	2	12	20	22	3
% Smokers w/ % of Total Tobacco Users	0.0	100.0	100.0	95.2	100.0	100.0
# Smokeless	0	0	0	1	0	0
% Smokeless w/ % of Total Tobacco Users	0.0	0.0	0.0	4.8	0.0	0.0
# ETS/Smk Home	0	0	0	0	0	0
% ETS/Smk Home w/ % of Total Screened	0.0	0.0	0.0	0.0	0.0	0.0

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Tobacco Use and Exposure Assessment (con't)

MALE ACTIVE CLINICAL POPULATION

	Age Distribution					
	5-13	14-17	18-24	25-44	45-64	65 and older
CHANGE FROM PREV YR %						
Tobacco Screening	-1.6	-5.2	+14.4	+1.8	+0.9	-12.0
Tobacco Users	+25.0	+6.7	+3.5	+22.1	+15.4	+10.2
Smokers	+0.0	+0.0	-11.1	-6.6	-8.9	+0.0
Smokeless	+100.0	+0.0	+11.1	+6.6	+8.9	+0.0
ETS	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0
BASELINE REPORT PERIOD						
MALE Active Clinical	91	33	44	94	84	27
# Tobacco Screening	10	2	14	36	48	18
% w/Tobacco Screening	11.0	6.1	31.8	38.3	57.1	66.7
# Tobacco Users	0	0	11	19	24	4
% Tobacco Users w/ % of Total Screened	0.0	0.0	78.6	52.8	50.0	22.2
# Smokers	0	0	11	19	24	3
% Smokers w/ % of Total Tobacco Users	0.0	0.0	100.0	100.0	100.0	75.0
# Smokeless	0	0	0	0	0	1
% Smokeless w/ % of Total Tobacco Users	0.0	0.0	0.0	0.0	0.0	25.0
# ETS/Smk Home w/ % of Total Screened	0	0	0	0	1	0
% ETS/Smk Home	0.0	0.0	0.0	0.0	2.1	0.0
CHANGE FROM BASE YR %						
Tobacco Screening	-5.7	+7.5	+19.1	+7.0	-3.7	-28.7
Tobacco Users	+25.0	+40.0	-11.9	+18.2	+7.7	+9.4
Smokers	+0.0	+100.0	-11.1	-11.4	-8.9	+25.0
Smokeless	+100.0	+0.0	+11.1	+11.4	+8.9	-25.0
ETS	+0.0	+0.0	+0.0	+0.0	-2.1	+0.0

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Tobacco Use and Exposure Assessment (con't)

FEMALE ACTIVE CLINICAL POPULATION

	Age Distribution					
	5-13	14-17	18-24	25-44	45-64	65 and older
CURRENT REPORT PERIOD						
FEMALE Active Clinical	77	31	107	265	172	54
# Tobacco Screening	2	11	68	153	86	24
% w/Tobacco Screening	2.6	35.5	63.6	57.7	50.0	44.4
# Tobacco Users	0	4	24	53	34	5
% Tobacco Users w/ % of Total Screened	0.0	36.4	35.3	34.6	39.5	20.8
# Smokers	0	4	24	52	34	5
% Smokers w/ % of Total Tobacco Users	0.0	100.0	100.0	98.1	100.0	100.0
# Smokeless	0	0	0	1	0	0
% Smokeless w/ % of Total Tobacco Users	0.0	0.0	0.0	1.9	0.0	0.0
# ETS/Smk Home	0	0	0	1	0	0
% ETS/Smk Home w/ % of Total Screened	0.0	0.0	0.0	0.7	0.0	0.0
PREVIOUS YEAR PERIOD						
FEMALE Active Clinical	87	29	105	196	117	35
# Tobacco Screening	5	7	62	98	71	24
% w/Tobacco Screening	5.7	24.1	59.0	50.0	60.7	68.6
# Tobacco Users	0	2	21	35	24	5
% Tobacco Users w/ % of Total Screened	0.0	28.6	33.9	35.7	33.8	20.8
# Smokers	0	2	21	35	24	5
% Smokers w/ % of Total Tobacco Users	0.0	100.0	100.0	100.0	100.0	100.0
# Smokeless	0	0	0	0	0	0
% Smokeless w/ % of Total Tobacco Users	0.0	0.0	0.0	0.0	0.0	0.0
# ETS/Smk Home	0	0	0	1	0	0
% ETS/Smk Home w/ % of Total Screened	0.0	0.0	0.0	1.0	0.0	0.0

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Tobacco Use and Exposure Assessment (con't)

FEMALE ACTIVE CLINICAL POPULATION

	Age Distribution					
	5-13	14-17	18-24	25-44	45-64	65 and older
CHANGE FROM PREV YR %						
Tobacco Screening	-3.1	+11.3	+4.5	+7.7	-10.7	-24.1
Tobacco Users	+0.0	+7.8	+1.4	-1.1	+5.7	+0.0
Smokers	+0.0	+0.0	+0.0	-1.9	+0.0	+0.0
Smokeless	+0.0	+0.0	+0.0	+1.9	+0.0	+0.0
ETS	+0.0	+0.0	+0.0	-0.4	+0.0	+0.0
BASELINE REPORT PERIOD						
FEMALE Active Clinical	89	31	94	185	99	38
# Tobacco Screening	7	13	35	79	49	19
% w/Tobacco Screening	7.9	41.9	37.2	42.7	49.5	50.0
# Tobacco Users	0	6	10	35	17	4
% Tobacco Users w/ % of Total Screened	0.0	46.2	28.6	44.3	34.7	21.1
# Smokers	0	6	10	35	17	4
% Smokers w/ % of Total Tobacco Users	0.0	100.0	100.0	100.0	100.0	100.0
# Smokeless	0	0	0	0	0	0
% Smokeless w/ % of Total Tobacco Users	0.0	0.0	0.0	0.0	0.0	0.0
# ETS/Smk Home w/ % of Total Screened	0	0	0	0	0	0
% ETS/Smk Home	0.0	0.0	0.0	0.0	0.0	0.0
CHANGE FROM BASE YR %						
Tobacco Screening	-5.3	-6.5	+26.3	+15.0	+0.5	-5.6
Tobacco Users	+0.0	-9.8	+6.7	-9.7	+4.8	-0.2
Smokers	+0.0	+0.0	+0.0	-1.9	+0.0	+0.0
Smokeless	+0.0	+0.0	+0.0	+1.9	+0.0	+0.0
ETS	+0.0	+0.0	+0.0	+0.7	+0.0	+0.0

Tobacco Cessation

Denominator(s):
GPRA Denominator: Active Clinical patients identified as current tobacco users prior to the Report Period, broken out by age groups and gender.
User Population patients identified as current tobacco users prior to the Report Period, broken out by gender.

Numerator(s):
GPRA Numerator: Patients who have received or refused tobacco cessation counseling or received a prescription for a smoking cessation aid during the Report Period.
A: Patients who refused tobacco cessation counseling.
Patients identified during the Report Period as having quit their tobacco use.

Logic:
Age is calculated at the beginning of the Report period.
Tobacco users defined as documented prior to the Report Period: 1. Health Factors (looks at the last documented health factor): Current Smoker, Current Smokeless, Current Smoker and Smokeless, Cessation-Smoker, or Cessation-Smokeless; 2. Tobacco-related POV or active Problem List diagnoses 305.1, 305.10-305.12 (old codes), or 649.00-649.04; 3. Dental code 1320; 4. CPT 1034F or 1035F.

Tobacco cessation counseling defined as any of the following documented during Report Period:
1. Patient education codes containing "TO-", "-TO", "-SHS", 305.1, 305.1* (old codes), or 649.00-649.04;
2. Clinic code 94 (tobacco cessation clinic);
3. Dental code 1320;
4. CPT code G0375, G0376, or 4000F;
5. Prescription for tobacco cessation aid, defined as any of the following: A. Medication in the site-populated BGP CMS SMOKING CESSATION MEDS taxonomy; B. Any medication with name containing NICOTINE PATCH, NICOTINE POLACRILEX, NICOTINE INHALER, or NICOTINE NASAL SPRAY; C. CPT 4001F;
6. Documented refusal of patient education code containing "TO-", "-TO", or "-SHS". Refusals will only be counted if a patient did not receive counseling or a prescription for tobacco cessation aid.

Quit tobacco use defined as documented during Report Period: 1. POV or current Active Problem List diagnosis code 305.13 Tobacco use in remission (old code) or V15.82; or 2. Health Factors documented during the Report Period (looks at the last documented health factor): Previous Smoker, Previous Smokeless.

Performance Measure Description:

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

TBD

Past Performance and/or Target:
IHS Performance: FY 2007 - 16%, FY 2006 - 12.0%

Smoking Cessation Attempts, HP 2010 Target: 75%
Smoking Cessation Counseling, HP 2010 Target: 72%

Source:
Smoking Cessation Attempts: HP 2010 27-5, 27-7
Smoking Cessation Counseling: HP 1-3c

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Tobacco Users (GPRA)	275		236			184		
# w/tobacco cessation counseling/refusal or Rx for cess aid (GPRA)	37	13.5	46	19.5	-6.0	48	26.1	-12.6
A. # w/refusal of counseling	1	0.4	0	0.0	+0.4	0	0.0	+0.4
# who quit	5	1.8	2	0.8	+1.0	1	0.5	+1.3
Male Active Clinical Tobacco Users	128		116			95		
# w/tobacco cessation counseling/refusal or Rx for cessation aid	23	18.0	19	16.4	+1.6	25	26.3	-8.3
A. # w/refusal of counseling	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# who quit	1	0.8	0	0.0	+0.8	1	1.1	-0.3
Female Active Clinical Tobacco Users	147		120			89		
# w/tobacco cessation counseling/refusal or Rx for cessation aid	14	9.5	27	22.5	-13.0	23	25.8	-16.3
A. # w/refusal of counseling	1	0.7	0	0.0	+0.7	0	0.0	+0.7
# who quit	4	2.7	2	1.7	+1.1	0	0.0	+2.7

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Tobacco Cessation (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
User Pop Tobacco Users	379		337			247		
# w/tobacco cessation counseling/refusal or Rx for cessation aid	42	11.1	47	13.9	-2.9	48	19.4	-8.4
A. # w/refusal of counseling	1	0.3	0	0.0	+0.3	0	0.0	+0.3
# who quit	5	1.3	2	0.6	+0.7	1	0.4	+0.9
Male User Pop Tobacco Users	191		173			134		
# w/tobacco cessation counseling/refusal or Rx for cessation aid	26	13.6	20	11.6	+2.1	25	18.7	-5.0
A. # w/refusal of counseling	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# who quit	1	0.5	0	0.0	+0.5	1	0.7	-0.2
Female User Pop Tobacco Users	188		164			113		
# w/tobacco cessation counseling/refusal or Rx for cessation aid	16	8.5	27	16.5	-8.0	23	20.4	-11.8
A. # w/refusal of counseling	1	0.5	0	0.0	+0.5	0	0.0	+0.5
# who quit	4	2.1	2	1.2	+0.9	0	0.0	+2.1

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Tobacco Cessation (con't)

ACTIVE CLINICAL TOBACCO USERS

	Age Distribution <12	12-17	=>18
CURRENT REPORT PERIOD			
Active Clin Tobacco Users	0	5	270
# w/tobacco cessation counseling/refusal or Rx for cessation aid	0	0	37
% w/ tobacco cessation counseling/refusal or Rx for cessation aid	0.0	0.0	13.7
A. # w/refusal of counseling	0	0	1
% A. w/refusal of counseling	0.0	0.0	0.4
# who quit	0	0	5
% who quit	0.0	0.0	1.9
PREVIOUS YEAR PERIOD			
Active Clin Tobacco Users	1	4	231
# w/tobacco cessation counseling/refusal or Rx for cessation aid	0	0	46
% w/tobacco cessation counseling/refusal or Rx for cessation aid	0.0	0.0	19.9
A. # w/refusal of counseling	0	0	0
% A. w/refusal of counseling	0.0	0.0	0.0
# who quit	0	0	2
% who quit	0.0	0.0	0.9
CHANGE FROM PREV YR % w/tobacco cessation counseling/refusal or Rx for cessation aid	+0.0	+0.0	-6.2
A. w/refusal of counseling	+0.0	+0.0	+0.4
who quit	+0.0	+0.0	+1.0

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

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Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Tobacco Cessation (con't)

ACTIVE CLINICAL TOBACCO USERS

	Age Distribution		
	<12	12-17	=>18
BASELINE REPORT PERIOD			
Active Clin Tobacco Users	0	1	183
# w/tobacco cessation counseling/refusal or Rx for cessation aid	0	0	48
% w/tobacco cessation counseling/refusal or Rx for cessation aid	0.0	0.0	26.2
A. # w/refusal of counseling	0	0	0
% A. w/refusal of counseling	0.0	0.0	0.0
# who quit	0	0	1
% who quit	0.0	0.0	0.5
CHANGE FROM BASE YR % w/tobacco cessation counseling/refusal or Rx for cessation aid	+0.0	+0.0	-12.5
A. w/refusal of counseling	+0.0	+0.0	+0.4
who quit	+0.0	+0.0	+1.3

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

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Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Tobacco Cessation (con't)

MALE ACTIVE CLINICAL TOBACCO USERS

	Age Distribution		
	<12	12-17	=>18
CURRENT REPORT PERIOD			
Male AC Tobacco Users	0	5	123
# w/tobacco cessation counseling/refusal or Rx for cessation aid	0	0	23
% w/ tobacco cessation counseling/refusal or Rx for cessation aid	0.0	0.0	18.7
A. # w/refusal of counseling	0	0	0
% A. w/refusal of counseling	0.0	0.0	0.0
# who quit	0	0	1
% who quit	0.0	0.0	0.8
PREVIOUS YEAR PERIOD			
Male AC Tobacco Users	1	4	111
# w/tobacco cessation counseling/refusal or Rx for cessation aid	0	0	19
% w/tobacco cessation counseling/refusal or Rx for cessation aid	0.0	0.0	17.1
A. # w/refusal of counseling	0	0	0
% A. w/refusal of counseling	0.0	0.0	0.0
# who quit	0	0	0
% who quit	0.0	0.0	0.0
CHANGE FROM PREV YR % w/tobacco cessation counseling/refusal or Rx for cessation aid	+0.0	+0.0	+1.6
A. w/refusal of counseling	+0.0	+0.0	+0.0
who quit	+0.0	+0.0	+0.8

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

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Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Tobacco Cessation (con't)

MALE ACTIVE CLINICAL TOBACCO USERS

	Age Distribution		
	<12	12-17	=>18
BASELINE REPORT PERIOD			
Male AC Tobacco Users	0	0	95
# w/tobacco cessation counseling/refusal or Rx for cessation aid	0	0	25
% w/tobacco cessation counseling/refusal or Rx for cessation aid	0.0	0.0	26.3
A. # w/refusal of counseling	0	0	0
% A. w/refusal of counseling	0.0	0.0	0.0
# who quit	0	0	1
% who quit	0.0	0.0	1.1
CHANGE FROM BASE YR %			
w/tobacco cessation counseling/refusal or Rx for cessation aid	+0.0	+0.0	-7.6
A. w/refusal of counseling	+0.0	+0.0	+0.0
who quit	+0.0	+0.0	-0.2

*** IHS 2008 Selected Measures with Community Specified Report ***
DEMO INDIAN HOSPITAL
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Tobacco Cessation (con't)

FEMALE ACTIVE CLINICAL TOBACCO USERS

	Age Distribution <12	12-17	=>18
CURRENT REPORT PERIOD			
Female AC Tobacco Users	0	0	147
# w/tobacco cessation counseling/refusal or Rx for cessation aid	0	0	14
% w/ tobacco cessation counseling/refusal or Rx for cessation aid	0.0	0.0	9.5
A. # w/refusal of counseling	0	0	1
% A. w/refusal of counseling	0.0	0.0	0.7
# who quit	0	0	4
% who quit	0.0	0.0	2.7
PREVIOUS YEAR PERIOD			
Female AC Tobacco Users	0	0	120
# w/tobacco cessation counseling/refusal or Rx for cessation aid	0	0	27
% w/tobacco cessation counseling/refusal or Rx for cessation aid	0.0	0.0	22.5
A. # w/refusal of counseling	0	0	0
% A. w/refusal of counseling	0.0	0.0	0.0
# who quit	0	0	2
% who quit	0.0	0.0	1.7
CHANGE FROM PREV YR % w/tobacco cessation counseling/refusal or Rx for cessation aid	+0.0	+0.0	-13.0
A. w/refusal of counseling	+0.0	+0.0	+0.7
who quit	+0.0	+0.0	+1.1

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Tobacco Cessation (con't)

FEMALE ACTIVE CLINICAL TOBACCO USERS

	Age Distribution		
	<12	12-17	=>18
BASELINE REPORT PERIOD			
Female AC Tobacco Users	0	1	88
# w/tobacco cessation counseling/refusal or Rx for cessation aid	0	0	23
% w/tobacco cessation counseling/refusal or Rx for cessation aid	0.0	0.0	26.1
A. # w/refusal of counseling	0	0	0
% A. w/refusal of counseling	0.0	0.0	0.0
# who quit	0	0	0
% who quit	0.0	0.0	0.0
CHANGE FROM BASE YR % w/tobacco cessation counseling/refusal or Rx for cessation aid	+0.0	+0.0	-16.6
A. w/refusal of counseling	+0.0	+0.0	+0.7
who quit	+0.0	+0.0	+2.7

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DEMO INDIAN HOSPITAL
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Alcohol Screening (FAS Prevention)

Denominator(s):
GPRA Denominator: Female Active Clinical patients ages 15 to 44.
Female User Population patients ages 15 to 44.

Numerator(s):
GPRA Numerator: Patients screened for alcohol use during the Report Period, including refusals in the past year.
A: Patients with exam code, Alcohol health factor or screening diagnosis during the Report Period.
B: Patients with alcohol-related diagnosis or procedure during the Report Period.
C: Patients with alcohol-related patient education or counseling during the Report Period.
D: Patients with documented refusal in past year.

Logic:
Ages are calculated at beginning of Report period. Screening is defined as at least one of the following: A1) PCC Exam code 35, A2) Any Alcohol Health Factor, A3) Screening diagnosis V11.3 (history of alcoholism), V79.1 or BHS problem code 29.1 (screening for alcoholism); B1) Alcohol-related diagnosis (POV, current PCC or BHS Problem List): 303.*, 305.0*, 291.*, 357.5*; BHS POV 10, 27, 29; B2) Alcohol-related procedure (V Procedure): 94.46, 94.53, 94.61-94.63, 94.67-94.69; C) Patient education codes containing "AOD-" or "-AOD", old codes containing "CD-" or "-CD", V11.3, V79.1, 303.*, 305.0*, 291.* or 357.5*; or D) Refusal of PCC Exam code 35 in the past year.

Performance Measure Description:
TBD

Past Performance and/or Target:
IHS Performance: FY 2007 - 41%, FY 2006 - 28%, FY 2005 - 11%, FY 2004 - 7%; IHS FY 2010 Target: 25%

Source:
HP 2010 16-17a

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	BASE % PERIOD	%	CHG from BASE %

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Baseline Period: Jan 01, 2000 to Dec 31, 2000

Alcohol Screening (FAS Prevention) (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Female Active Clinical ages 15-44 (GPRA)	398		325			304		
# w/any alcohol screening (GPRA)	12	3.0	2	0.6	+2.4	1	0.3	+2.7
A. # w/exam/alcohol HF/ screen DX	8	2.0	1	0.3	+1.7	0	0.0	+2.0
B. # w/alcohol related Dx or procedure	2	0.5	1	0.3	+0.2	1	0.3	+0.2
C. # w/alcohol related patient education	5	1.3	0	0.0	+1.3	0	0.0	+1.3
D. # w/refusal in past year w/% of Total Screened	0	0.0	0	0.0	+0.0	0	0.0	+0.0
Female User Population ages 15-44	697		610			585		
# w/any alcohol screening	14	2.0	2	0.3	+1.7	2	0.3	+1.7
A. # w/exam/alcohol HF/ screen DX screening	9	1.3	1	0.2	+1.1	0	0.0	+1.3
B. # w/alcohol related Dx or procedure	3	0.4	1	0.2	+0.3	2	0.3	+0.1
C. # w/alcohol related patient education	5	0.7	0	0.0	+0.7	0	0.0	+0.7
D. # w/refusal in past year w/% of Total Screened	0	0.0	0	0.0	+0.0	0	0.0	+0.0

Alcohol Screening and Brief Intervention (ASBI) in the ER

Denominator(s):
Number of visits for Active Clinical patients age 15-34 seen in the ER for injury during the Report Period. Broken out by gender and age groups of 15-24 and 25-34.
Number of visits for Active Clinical patients age 15-34 seen in the ER for injury and screened positive for hazardous alcohol use during the Report Period. Broken out by gender and age groups of 15-24 and 25-34.
Number of visits for User Population patients age 15-34 seen in the ER for injury during the Report Period. Broken out by gender and age groups of 15-24 and 25-34.
Number of visits for User Population patients age 15-34 seen in the ER for injury and screened positive for hazardous alcohol use during the Report Period. Broken out by gender and age groups of 15-24 and 25-34.

Numerator(s):
Number of visits where patients were screened in the ER for hazardous alcohol use.
A: Number of visits where patients were screened positive.
Number of visits where patients were provided a brief negotiated interview (BNI) at or within 7 days of the ER visit.
A: Number of visits where patients were provided a BNI at the ER visit.
B: Number of visits where patients were provided a BNI not at the ER visit but within 7 days of the ER visit.

Logic:
Age of the patient is calculated as of the beginning of the Report Period.
Emergency Room visit defined as: Clinic code 30.

Injury defined as primary or secondary POV 800.0-999.9 or E800.0-E989.

If a patient has multiple ER visits for injury during the Report Period, each visit will be counted in the denominator. For the screening numerator, each ER visit with injury at which the patient was screened for hazardous alcohol use will be counted. For the positive alcohol use screen numerator, each ER visit with injury at which the patient screened positive for hazardous alcohol use will be counted. For the BNI numerators, each visit where the patient was either provided a BNI at the ER or within 7 days of the ER visit will be counted. An example of this logic is shown below.

ER Visit w/Injury	Denom Count	Scrn Num	Pos Scrn Num	Count	BNI Num Count
John Doe, 07/17/08, Screened Positive at ER, BNI at ER					

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Previous Year Period: Jan 01, 2006 to Dec 31, 2006
Baseline Period: Jan 01, 2000 to Dec 31, 2000

John Doe, 09/01/08, Screened Positive at ER, No BNI
John Doe, 11/15/08, No Screen

COUNTS: 3 2 2 1

ER Screening for Hazardous Alcohol Use defined as any of the following conducted during the ER visit: 1) PCC exam code 35, 2) any Alcohol Health Factor (i.e. CAGE), 3) POV V79.1 Screening for Alcoholism, or 4) CPT H0049 Alcohol and/or Drug Screening.

Positive Screen for Hazardous Alcohol Use defined as any of the following for the screening performed at the ER visit: 1) Exam Code 35 Alcohol Screening result of Positive or 2) health factor of CAGE result of 1/4, 2/4, 3/4 or 4/4.

Brief Negotiated Interview (BNI) defined as any of the following documented at the ER visit or within 7 days of the ER visit at a face-to-face visit, which excludes chart reviews and telecommunication visits: 1) H0050 (Alcohol and/or Drug Services, Brief Intervention, Per 15 Minutes, 2) patient education code AOD-INJ.

Performance Measure Description:
1) Establish the proportion of patients seen in the ER for an injury who were screened for hazardous alcohol use and 2) establish the proportion of patients seen in the ER for an injury who screened positive for hazardous alcohol use and received a BNI at or within 7 days of the ER visit.

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# ER Injury Visits for AC Pts 15-34	34		33			32		
# Visits w/ ER Hazardous Alcohol Screening	16	47.1	0	0.0	+47.1	0	0.0	+47.1
A. # Visits w/Positive Screen	11	32.4	0	0.0	+32.4	0	0.0	+32.4

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Alcohol Screening and Brief Intervention (ASBI) in the ER

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# ER Injury Visits for Male AC Pts 15-34	13		18			20		
# Visits w/ ER Hazardous Alcohol Screening	5	38.5	0	0.0	+38.5	0	0.0	+38.5
A. # Visits w/Positive Screen	3	23.1	0	0.0	+23.1	0	0.0	+23.1
# ER Injury Visits for Female AC Pts 15-34	21		15			12		
# Visits w/ ER Hazardous Alcohol Screening	11	52.4	0	0.0	+52.4	0	0.0	+52.4
A. # Visits w/Positive Screen	8	38.1	0	0.0	+38.1	0	0.0	+38.1
# of ER Injury Visits for AC Pts 15-24	18		16			21		
# Visits w/ ER Hazardous Alcohol Screening	10	55.6	0	0.0	+55.6	0	0.0	+55.6
A. # Visits w/Positive Screen	7	38.9	0	0.0	+38.9	0	0.0	+38.9
# ER Injury Visitg for AC Pts 25-34	16		17			11		
# Visits w/ ER Hazardous Alcohol Screening	6	37.5	0	0.0	+37.5	0	0.0	+37.5
A. # Visits w/Positive Screen	4	25.0	0	0.0	+25.0	0	0.0	+25.0

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Alcohol Screening and Brief Intervention (ASBI) in the ER

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# ER Injury visits for Male AC Pts 15-24	6		10			14		
# Visits w/ ER Hazardous Alcohol Screening	2	33.3	0	0.0	+33.3	0	0.0	+33.3
A. # Visits w/Positive Screen	2	33.3	0	0.0	+33.3	0	0.0	+33.3
# ER Injury visits for Male AC Pts 25-34	7		8			6		
# Visits w/ ER Hazardous Alcohol Screening	3	42.9	0	0.0	+42.9	0	0.0	+42.9
A. # Visits w/Positive Screen	1	14.3	0	0.0	+14.3	0	0.0	+14.3
# ER Injury Visits for Female AC Pts 15-24	12		6			7		
# Visits w/ ER Hazardous Alcohol Screening	8	66.7	0	0.0	+66.7	0	0.0	+66.7
A. # Visits w/Positive Screen	5	41.7	0	0.0	+41.7	0	0.0	+41.7
# ER Injury Visits for Female AC Pts 25-34	9		9			5		
# Visits w/ ER Hazardous Alcohol Screening	3	33.3	0	0.0	+33.3	0	0.0	+33.3
A. # Visits w/Positive Screen	3	33.3	0	0.0	+33.3	0	0.0	+33.3

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Alcohol Screening and Brief Intervention (ASBI) in the ER

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# ER Injury Visits for AC Pts 15-34 w/ Positive Alcohol Screen	11		0			0		
# Visits w/ BNI	6	54.5	0	0.0	+54.5	0	0.0	+54.5
A. # Visits w/ BNI at ER w/ % of Total BNI	2	33.3	0	0.0	+33.3	0	0.0	+33.3
B. # Visits w/ BNI in 7 days of ER Visit w/ % of Total BNI	4	66.7	0	0.0	+66.7	0	0.0	+66.7
# ER Injury Visits for Male AC Pts 15-34 w/ Positive Alcohol Screen	3		0			0		
# Visits w/ BNI	2	66.7	0	0.0	+66.7	0	0.0	+66.7
A. # Visits w/ BNI at ER w/ % of Total BNI	1	50.0	0	0.0	+50.0	0	0.0	+50.0
B. # Visits w/ BNI in 7 days of ER Visit w/ % of Total BNI	1	50.0	0	0.0	+50.0	0	0.0	+50.0
# of ER injury Visits for Female AC Pts 15-34 w/ Positive Alcohol Screen	8		0			0		
# Visits w/ BNI	4	50.0	0	0.0	+50.0	0	0.0	+50.0
A. # Visits w/ BNI at ER w/ % of Total BNI	1	25.0	0	0.0	+25.0	0	0.0	+25.0
B. # Visits w/ BNI in 7 days of ER Visit w/ % of Total BNI	3	75.0	0	0.0	+75.0	0	0.0	+75.0

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Alcohol Screening and Brief Intervention (ASBI) in the ER

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# ER Injury Visits for AC Pts 15-24 w/ Positive Alcohol Screen	7		0			0		
# Visits w/ BNI	4	57.1	0	0.0	+57.1	0	0.0	+57.1
A. # Visits w/ BNI at ER w/ % of Total BNI	2	50.0	0	0.0	+50.0	0	0.0	+50.0
B. # Visits w/ BNI in 7 days of ER Visit w/ % of Total BNI	2	50.0	0	0.0	+50.0	0	0.0	+50.0
# of ER Injury Visits for AC Pts 25-34 w/ Positive Alcohol Screen	4		0			0		
# Visits w/ BNI	2	50.0	0	0.0	+50.0	0	0.0	+50.0
A. # Visits w/ BNI at ER w/ % of Total BNI	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # Visits w/ BNI in 7 days of ER Visit w/ % of Total BNI	2	100.0	0	0.0	+100.0	0	0.0	+100.0
# ER Injury Visits for Male AC Pts 15-24 w/ Positive Alcohol Screen	2		0			0		
# Visits w/ BNI	1	50.0	0	0.0	+50.0	0	0.0	+50.0
A. # Visits w/ BNI at ER w/ % of Total BNI	1	100.0	0	0.0	+100.0	0	0.0	+100.0
B. # Visits w/ BNI in 7 days of ER Visit w/ % of Total BNI	0	0.0	0	0.0	+0.0	0	0.0	+0.0

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Alcohol Screening and Brief Intervention (ASBI) in the ER

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# of ER Injury Visits for Male AC Pts 25-34 w/ Positive Alcohol Screen	1		0			0		
# Visits w/ BNI	1	100.0	0	0.0	+100.0	0	0.0	+100.0
A. # Visits w/ BNI at ER w/ % of Total BNI	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # Visits w/ BNI in 7 days of ER Visit w/ % of Total BNI	1	100.0	0	0.0	+100.0	0	0.0	+100.0
# of ER Injury Visits for Female AC Pts 15-24 w/ Positive Alcohol Screen	5		0			0		
# Visits w/ BNI	3	60.0	0	0.0	+60.0	0	0.0	+60.0
A. # Visits w/ BNI at ER w/ % of Total BNI	1	33.3	0	0.0	+33.3	0	0.0	+33.3
B. # Visits w/ BNI in 7 days of ER Visit w/ % of Total BNI	2	66.7	0	0.0	+66.7	0	0.0	+66.7
# of ER Injury Visits for Female AC Pts 25-34 w/ Positive Alcohol Screen	3		0			0		
# Visits w/ BNI	1	33.3	0	0.0	+33.3	0	0.0	+33.3
A. # Visits w/ BNI at ER w/ % of Total BNI	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # Visits w/ BNI in 7 days of ER Visit w/ % of Total BNI	1	100.0	0	0.0	+100.0	0	0.0	+100.0

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Alcohol Screening and Brief Intervention (ASBI) in the ER

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# ER Injury Visits for UP Pts 15-34	64		72			65		
# Visits w/ ER Hazardous Alcohol Screening	18	28.1	0	0.0	+28.1	0	0.0	+28.1
A. # Visits w/Positive Screen	12	18.8	0	0.0	+18.8	0	0.0	+18.8
# ER Injury Visits for Male UP Pts 15-34	30		46			40		
# Visits w/ ER Hazardous Alcohol Screening	6	20.0	0	0.0	+20.0	0	0.0	+20.0
A. # Visits w/Positive Screen	3	10.0	0	0.0	+10.0	0	0.0	+10.0
# ER Injury Visits for Female UP Pts 15-34	34		26			25		
# Visits w/ ER Hazardous Alcohol Screening	12	35.3	0	0.0	+35.3	0	0.0	+35.3
A. # Visits w/Positive Screen	9	26.5	0	0.0	+26.5	0	0.0	+26.5
# of ER Injury Visits for UP Pts 15-24	41		37			36		
# Visits w/ ER Hazardous Alcohol Screening	12	29.3	0	0.0	+29.3	0	0.0	+29.3
A. # Visits w/Positive Screen	8	19.5	0	0.0	+19.5	0	0.0	+19.5

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Alcohol Screening and Brief Intervention (ASBI) in the ER

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# ER Injury Visitg for UP Pts 25-34	23		35			29		
# Visits w/ ER Hazardous Alcohol Screening	6	26.1	0	0.0	+26.1	0	0.0	+26.1
A. # Visits w/Positive Screen	4	17.4	0	0.0	+17.4	0	0.0	+17.4
# ER Injury visits for Male UP Pts 15-24	19		26			24		
# Visits w/ ER Hazardous Alcohol Screening	3	15.8	0	0.0	+15.8	0	0.0	+15.8
A. # Visits w/Positive Screen	2	10.5	0	0.0	+10.5	0	0.0	+10.5
# ER Injury visits for Male UP Pts 25-34	11		20			16		
# Visits w/ ER Hazardous Alcohol Screening	3	27.3	0	0.0	+27.3	0	0.0	+27.3
A. # Visits w/Positive Screen	1	9.1	0	0.0	+9.1	0	0.0	+9.1
# ER Injury Visits for Female UP Pts 15-24	22		11			12		
# Visits w/ ER Hazardous Alcohol Screening	9	40.9	0	0.0	+40.9	0	0.0	+40.9
A. # Visits w/Positive Screen	6	27.3	0	0.0	+27.3	0	0.0	+27.3

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Alcohol Screening and Brief Intervention (ASBI) in the ER

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# ER Injury Visits for Female UP Pts 25-34	12		15			13		
# Visits w/ ER Hazardous Alcohol Screening	3	25.0	0	0.0	+25.0	0	0.0	+25.0
A. # Visits w/Positive Screen	3	25.0	0	0.0	+25.0	0	0.0	+25.0
# ER Injury Visits for UP Pts 15-34 w/ Positive Alcohol Screen	12		0			0		
# Visits w/ BNI	7	58.3	0	0.0	+58.3	0	0.0	+58.3
A. # Visits w/ BNI at ER w/ % of Total BNI	3	42.9	0	0.0	+42.9	0	0.0	+42.9
B. # Visits w/ BNI in 7 days of ER Visit w/ % of Total BNI	4	57.1	0	0.0	+57.1	0	0.0	+57.1
# ER Injury Visits for Male UP Pts 15-34 w/ Positive Alcohol Screen	3		0			0		
# Visits w/ BNI	2	66.7	0	0.0	+66.7	0	0.0	+66.7
A. # Visits w/ BNI at ER w/ % of Total BNI	1	50.0	0	0.0	+50.0	0	0.0	+50.0
B. # Visits w/ BNI in 7 days of ER Visit w/ % of Total BNI	1	50.0	0	0.0	+50.0	0	0.0	+50.0

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Alcohol Screening and Brief Intervention (ASBI) in the ER

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# of ER injury Visits for Female UP Pts 15-34 w/ Positive Alcohol Screen	9		0			0		
# Visits w/ BNI	5	55.6	0	0.0	+55.6	0	0.0	+55.6
A. # Visits w/ BNI at ER w/ % of Total BNI	2	40.0	0	0.0	+40.0	0	0.0	+40.0
B. # Visits w/ BNI in 7 days of ER Visit w/ % of Total BNI	3	60.0	0	0.0	+60.0	0	0.0	+60.0
# ER Injury Visits for UP Pts 15-24 w/ Positive Alcohol Screen	8		0			0		
# Visits w/ BNI	5	62.5	0	0.0	+62.5	0	0.0	+62.5
A. # Visits w/ BNI at ER w/ % of Total BNI	3	60.0	0	0.0	+60.0	0	0.0	+60.0
B. # Visits w/ BNI in 7 days of ER Visit w/ % of Total BNI	2	40.0	0	0.0	+40.0	0	0.0	+40.0
# of ER Injury Visits for UP Pts 25-34 w/ Positive Alcohol Screen	4		0			0		
# Visits w/ BNI	2	50.0	0	0.0	+50.0	0	0.0	+50.0
A. # Visits w/ BNI at ER w/ % of Total BNI	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # Visits w/ BNI in 7 days of ER Visit w/ % of Total BNI	2	100.0	0	0.0	+100.0	0	0.0	+100.0

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Alcohol Screening and Brief Intervention (ASBI) in the ER

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# ER Injury Visits for Male UP Pts 15-24 w/ Positive Alcohol Screen	2		0			0		
# Visits w/ BNI	1	50.0	0	0.0	+50.0	0	0.0	+50.0
A. # Visits w/ BNI at ER w/ % of Total BNI	1	100.0	0	0.0	+100.0	0	0.0	+100.0
B. # Visits w/ BNI in 7 days of ER Visit w/ % of Total BNI	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# of ER Injury Visits for Male UP Pts 25-34 w/ Positive Alcohol Screen	1		0			0		
# Visits w/ BNI	1	100.0	0	0.0	+100.0	0	0.0	+100.0
A. # Visits w/ BNI at ER w/ % of Total BNI	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # Visits w/ BNI in 7 days of ER Visit w/ % of Total BNI	1	100.0	0	0.0	+100.0	0	0.0	+100.0
# of ER Injury Visits for Female UP Pts 15-24 w/ Positive Alcohol Screen	6		0			0		
# Visits w/ BNI	4	66.7	0	0.0	+66.7	0	0.0	+66.7
A. # Visits w/ BNI at ER w/ % of Total BNI	2	50.0	0	0.0	+50.0	0	0.0	+50.0
B. # Visits w/ BNI in 7 days of ER Visit w/ % of Total BNI	2	50.0	0	0.0	+50.0	0	0.0	+50.0

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Alcohol Screening and Brief Intervention (ASBI) in the ER

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# of ER Injury Visits for Female UP Pts 25-34 w/ Positive Alcohol Screen	3		0			0		
# Visits w/ BNI	1	33.3	0	0.0	+33.3	0	0.0	+33.3
A. # Visits w/ BNI at ER w/ % of Total BNI	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # Visits w/ BNI in 7 days of ER Visit w/ % of Total BNI	1	100.0	0	0.0	+100.0	0	0.0	+100.0

*** IHS 2008 Selected Measures with Community Specified Report ***
DEMO INDIAN HOSPITAL
Report Period: Jan 01, 2007 to Dec 31, 2007
Previous Year Period: Jan 01, 2006 to Dec 31, 2006
Baseline Period: Jan 01, 2000 to Dec 31, 2000

Intimate Partner (Domestic) Violence Screening

Denominator(s):
Female Active Clinical patients ages 13 and older.
GPRA Denominator: Female Active Clinical patients ages 15-40.
Female User Population patients ages 13 and older.

Numerator(s):
GPRA Numerator: Patients screened for intimate partner (domestic) violence at any time during the Report Period, including documented refusals in past year.
A: Patients with documented IPV/DV exam.
B: Patients with IPV/DV related diagnosis.
C: Patients provided with education or counseling about IPV/DV
D: Patients with documented refusal in past year of an IPV/DV exam or IPV/DV-related education.

Logic:
Age is calculated at beginning of the Report Period. Screening is defined as at least one of the following: A) PCC Exam code 34 or BHS IPV/DV exam; B) Diagnosis (POV or current PCC or BHS Problem List): 995.80-83, 995.85 (adult maltreatment), V15.41, V15.42, V15.49 (history of abuse); BHS POV 43.*, 44.* C1) Patient education codes containing "DV-" or "-DV", 995.80-83, 995.85, V15.41, V15.42, or V15.49; C2) IPV/DV counseling: V61.11. Refusals defined as: A) Any PCC refusal in past year with Exam Code 34, BHS refusal in past year of IPV/DV exam; B) Any refusal in past year with Patient Education codes containing "DV-" or "-DV".

Performance Measure Description:
TBD

Past Performance and/or Target:
IHS Performance: FY 2007 - 36%, FY 2006 - 28%, FY 2005 - 13%, FY 2004 - 4% (not comparable since measure age range changed in 2005 from 16-24 to 15-40; IHS FY 2010 Target: 40%

Source:
HP 2010 15-34

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Intimate Partner (Domestic) Violence Screening (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# Female Active Clinical ages 13 and older	639		487			460		
# w/IPV/DV screening or refusal	3	0.5	1	0.2	+0.3	0	0.0	+0.5
A. # w/documented IPV/DV exam	1	0.2	0	0.0	+0.2	0	0.0	+0.2
B. # w/ IPV/DV related diagnosis	0	0.0	0	0.0	+0.0	0	0.0	+0.0
C. # provided DV education	2	0.3	1	0.2	+0.1	0	0.0	+0.3
D. # w/ documented refusal w/% of total screened	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# Female Active Clinical ages 15-40 (GPRA)	348		294			267		
# w/IPV/DV screening or refusal (GPRA)	2	0.6	1	0.3	+0.2	0	0.0	+0.6
A. # w/ documented IPV/DV exam	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/ IPV/DV related diagnosis	0	0.0	0	0.0	+0.0	0	0.0	+0.0
C. # provided DV education	2	0.6	1	0.3	+0.2	0	0.0	+0.6
D. # w/ documented refusal w/% of total screened	0	0.0	0	0.0	+0.0	0	0.0	+0.0

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Intimate Partner (Domestic) Violence Screening (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# Female User Pop 13 and older	1,176		957			911		
# w/IPV/DV screening or refusal	3	0.3	1	0.1	+0.2	1	0.1	+0.1
A. # w/ documented IPV/DV exam	1	0.1	0	0.0	+0.1	0	0.0	+0.1
B. # w/ IPV/DV related diagnosis	0	0.0	0	0.0	+0.0	1	0.1	-0.1
C. # provided DV education	2	0.2	1	0.1	+0.1	0	0.0	+0.2
D. # w/ documented refusal w/% of total screened	0	0.0	0	0.0	+0.0	0	0.0	+0.0

Depression Screening

Denominator(s):
Active Clinical patients ages 8-17, broken out by gender.
GPRA Denominator: Active Clinical patients ages 18 and older, broken out by gender.
A-C. Active Clinical patients ages 65 and older, broken out by gender.
User Population patients age 8-17, broken out by gender.
User Population patients ages 18 and older, broken out by gender.
A-C. User Population patients ages 65 and older, broken out by gender.
Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report period, AND at least 2 visits during the Report period, AND 2 DM-related visits ever. Broken out by gender.
Active IHD patients, defined as all Active Clinical patients diagnosed with ischemic heart disease (IHD) prior to the Report Period, AND at least 2 visits during the Report Period, AND 2 IHD-related visits ever. Broken out by gender.

Numerator(s):
GPRA Numerator: Patients screened for depression or diagnosed with a mood disorder at any time during the Report period, including documented refusals in past year.
A: Patients screened for depression during the Report period.
B: Patients with a diagnosis of a mood disorder during the Report period.
C: Patients with documented refusal in past year.
Patients with depression-related education or refusal of education in past year.

Logic:
Age is calculated at beginning of the Report period.

Diabetes: First DM Purpose of Visit 250.00-250.93 recorded in the V POV file prior to the Report period.

Ischemic heart disease (IHD) diagnosis defined as: 410.0-412.*, 414.0-414.9, 428.*, or 429.2 recorded in the V POV file.

Screening is defined as: Exam Code 36, POV V79.0, or BHS problem code 14.1 (screening for depression).

Mood disorders are defined as at least two visits in PCC or BHS during the Report period with POV for: Major Depressive Disorder, Dysthymic Disorder, Depressive Disorder NOS, Bipolar I or II Disorder, Cyclothymic Disorder, Bipolar Disorder NOS, Mood Disorder Due to a General Medical Condition, Substance-induced Mood Disorder, or Mood Disorder NOS. These POV codes are: 296.*, 291.89, 292.84, 293.83, 300.4, 301.13, or 311 or

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BHS POV 14 or 15.

Screening refusals defined as: A) Any PCC refusal in past year with Exam Code 36.

Depression-related patient education defined as any of the following during the Report Period: 1) Patient education codes containing "DEP-" (depression), 296.2* or 296.3*, "BH-" (behavioral and social health), 290-319, 995.5*, or 995.80-995.85, "SB-" (suicidal behavior) or 300.9, or "PDEP-" (postpartum depression) or 648.44 or 2) refusal of patient education codes containing "DEP-", "BH-", "SB-", or "PDEP-".

Performance Measure Description:
TBD

Past Performance and/or Target:
IHS Performance: 2007 - 24%, 2006 - 15%

HP 2010 Goal: 68%

Source:
USPSTF (US Preventive Services Task Force), HP 2010 developmental indicator 18-6

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts 8-17	165		172			182		
# w/ Depression screening, DX or refusal	1	0.6	0	0.0	+0.6	0	0.0	+0.6
A. # screened for depression	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/mood disorder DX	1	0.6	0	0.0	+0.6	0	0.0	+0.6
C. # w/refusal in past year w/% of total screened/DX	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/depression education or refusal	2	1.2	0	0.0	+1.2	0	0.0	+1.2

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Depression Screening (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Male Active Clinical 8-17	85		91			95		
# w/ Depression screening, DX or refusal	1	1.2	0	0.0	+1.2	0	0.0	+1.2
A. # screened for depression	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/Mood Disorder DX	1	1.2	0	0.0	+1.2	0	0.0	+1.2
C. # w/refusal in past year w/% of total screened/DX	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/depression education or refusal	1	1.2	0	0.0	+1.2	0	0.0	+1.2
Female Active Clinical 8-17	80		81			87		
# w/ Depression screening, DX or refusal	0	0.0	0	0.0	+0.0	0	0.0	+0.0
A. # screened for depression	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/Mood Disorder DX	0	0.0	0	0.0	+0.0	0	0.0	+0.0
C. # w/refusal in past year w/% total screened/DX	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/depression education or refusal	1	1.3	0	0.0	+1.3	0	0.0	+1.3

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Depression Screening (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts => 18 (GPRA)	984		731			665		
# w/ Depression screening, DX or refusal	41	4.2	41	5.6	-1.4	17	2.6	+1.6
A. # screened for depression	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/mood disorder DX	41	4.2	41	5.6	-1.4	17	2.6	+1.6
C. # w/refusal in past year w/% of total screened/DX	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/depression education or refusal	7	0.7	3	0.4	+0.3	0	0.0	+0.7
Male Active Clinical Pts >=18	386		278			249		
# w/ Depression screening, DX or refusal	11	2.8	6	2.2	+0.7	1	0.4	+2.4
A. # screened for depression	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/Mood Disorder DX	11	2.8	6	2.2	+0.7	1	0.4	+2.4
C. # w/refusal in past year w/% of total screened/DX	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/depression education or refusal	2	0.5	1	0.4	+0.2	0	0.0	+0.5

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Depression Screening (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Female Active Clinical Pts >=18	598		453			416		
# w/ Depression screening, DX or refusal	30	5.0	35	7.7	-2.7	16	3.8	+1.2
A. # screened for depression	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/Mood Disorder DX	30	5.0	35	7.7	-2.7	16	3.8	+1.2
C. # w/refusal in past year w/% of total screened/DX	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/depression education or refusal	5	0.8	2	0.4	+0.4	0	0.0	+0.8
A. Active Clinical Pts => 65	104		63			65		
# w/ Depression screening, DX or refusal	6	5.8	6	9.5	-3.8	2	3.1	+2.7
A. # screened for depression	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/mood disorder DX	6	5.8	6	9.5	-3.8	2	3.1	+2.7
C. # w/refusal in past year w/% of total screened/DX	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/depression education or refusal	2	1.9	2	3.2	-1.3	0	0.0	+1.9

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Depression Screening (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
B. Male Active Clinical Pts =>65	50		28			27		
# w/ Depression screening, DX or refusal	1	2.0	1	3.6	-1.6	0	0.0	+2.0
A. # screened for depression	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/Mood Disorder DX	1	2.0	1	3.6	-1.6	0	0.0	+2.0
C. # w/refusal in past year w/% of total screened/DX	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/depression education or refusal	1	2.0	0	0.0	+2.0	0	0.0	+2.0
C. Female Active Clinical Pts =>65	54		35			38		
# w/ Depression screening, DX or refusal	5	9.3	5	14.3	-5.0	2	5.3	+4.0
A. # screened for depression	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/Mood Disorder DX	5	9.3	5	14.3	-5.0	2	5.3	+4.0
C. # w/refusal in past year w/% of total screened/DX	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/depression education or refusal	1	1.9	2	5.7	-3.9	0	0.0	+1.9

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Depression Screening (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
User Population Pts 8-17	418		413			442		
# w/ Depression screening, DX or refusal	1	0.2	0	0.0	+0.2	0	0.0	+0.2
A. # screened for depression	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/mood disorder DX	1	0.2	0	0.0	+0.2	0	0.0	+0.2
C. # w/refusal in past year w/% of total screened/DX	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/depression education or refusal	2	0.5	0	0.0	+0.5	0	0.0	+0.5
Male User Population 8-17	229		235			247		
# w/ Depression screening, DX or refusal	1	0.4	0	0.0	+0.4	0	0.0	+0.4
A. # screened for depression	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/Mood Disorder DX	1	0.4	0	0.0	+0.4	0	0.0	+0.4
C. # w/refusal in past year w/% of total screened/DX	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/depression education or refusal	1	0.4	0	0.0	+0.4	0	0.0	+0.4

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Depression Screening (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Female User Population 8-17	189		178			195		
# w/ Depression screening, DX or refusal	0	0.0	0	0.0	+0.0	0	0.0	+0.0
A. # screened for depression	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/Mood Disorder DX	0	0.0	0	0.0	+0.0	0	0.0	+0.0
C. # w/refusal in past year w/% of total screened/DX	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/depression education or refusal	1	0.5	0	0.0	+0.5	0	0.0	+0.5
User Population Pts =>18	1,940		1,517			1,425		
# w/ Depression screening, DX or refusal	48	2.5	45	3.0	-0.5	20	1.4	+1.1
A. # screened for depression	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/mood disorder DX	48	2.5	45	3.0	-0.5	20	1.4	+1.1
C. # w/refusal in past year w/% of total screened/DX	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/depression education or refusal	7	0.4	3	0.2	+0.2	1	0.1	+0.3

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Depression Screening (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Male User Population								
Pts =>18	864		650			617		
# w/ Depression screening, DX or refusal	13	1.5	7	1.1	+0.4	2	0.3	+1.2
A. # screened for depression	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/Mood Disorder DX	13	1.5	7	1.1	+0.4	2	0.3	+1.2
C. # w/refusal in past year w/% of total screened/DX	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/depression education or refusal	2	0.2	1	0.2	+0.1	1	0.2	+0.1
Female User Population								
Pts =>18	1,076		867			808		
# w/ Depression screening, DX or refusal	35	3.3	38	4.4	-1.1	18	2.2	+1.0
A. # screened for depression	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/Mood Disorder DX	35	3.3	38	4.4	-1.1	18	2.2	+1.0
C. # w/refusal in past year w/% of total screened/DX	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/depression education or refusal	5	0.5	2	0.2	+0.2	0	0.0	+0.5

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Depression Screening (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
A. User Population								
Pts =>65	217		144			142		
# w/ Depression screening, DX or refusal	6	2.8	6	4.2	-1.4	2	1.4	+1.4
A. # screened for depression	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/mood disorder DX	6	2.8	6	4.2	-1.4	2	1.4	+1.4
C. # w/refusal in past year w/% of total screened/DX	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/depression education or refusal	2	0.9	2	1.4	-0.5	0	0.0	+0.9
B. Male User Population								
Pts =>65	95		59			54		
# w/ Depression screening, DX or refusal	1	1.1	1	1.7	-0.6	0	0.0	+1.1
A. # screened for depression	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/Mood Disorder DX	1	1.1	1	1.7	-0.6	0	0.0	+1.1
C. # w/refusal in past year w/% of total screened/DX	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/depression education or refusal	1	1.1	0	0.0	+1.1	0	0.0	+1.1

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	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
C. Female User Population								
Pts =>65	122		85			88		
# w/ Depression screening, DX or refusal	5	4.1	5	5.9	-1.8	2	2.3	+1.8
A. # screened for depression	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/Mood Disorder DX	5	4.1	5	5.9	-1.8	2	2.3	+1.8
C. # w/refusal in past year w/% of total screened/DX	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/depression education or refusal	1	0.8	2	2.4	-1.5	0	0.0	+0.8
Active Diabetic Pts	109		95			87		
# w/ Depression screening, DX or refusal	13	11.9	12	12.6	-0.7	5	5.7	+6.2
A. # screened for depression	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/mood disorder DX	13	11.9	12	12.6	-0.7	5	5.7	+6.2
C. # w/refusal in past year w/% of total screened/DX	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/depression education or refusal	0	0.0	2	2.1	-2.1	0	0.0	+0.0
Male Active Diabetic Pts	51		45			38		
# w/ Depression screening, DX or refusal	4	7.8	2	4.4	+3.4	1	2.6	+5.2
A. # screened for depression	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/mood disorder DX	4	7.8	2	4.4	+3.4	1	2.6	+5.2
C. # w/refusal in past year w/% of total screened/DX	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/depression education or refusal	0	0.0	0	0.0	+0.0	0	0.0	+0.0

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	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Female Active Diabetic Pts	58		50			49		
# w/ Depression screening, DX or refusal	9	15.5	10	20.0	-4.5	4	8.2	+7.4
A. # screened for depression	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/mood disorder DX	9	15.5	10	20.0	-4.5	4	8.2	+7.4
C. # w/refusal in past year w/% of total screened/DX	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/depression education or refusal	0	0.0	2	4.0	-4.0	0	0.0	+0.0
Active IHD Pts	58		44			36		
# w/ Depression screening, DX or refusal	4	6.9	4	9.1	-2.2	2	5.6	+1.3
A. # screened for depression	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/mood disorder DX	4	6.9	4	9.1	-2.2	2	5.6	+1.3
C. # w/refusal in past year w/% of total screened/DX	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/depression education or refusal	2	3.4	1	2.3	+1.2	0	0.0	+3.4
Male Active IHD Pts	35		26			22		
# w/ Depression screening, DX or refusal	1	2.9	0	0.0	+2.9	0	0.0	+2.9
A. # screened for depression	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/mood disorder DX	1	2.9	0	0.0	+2.9	0	0.0	+2.9
C. # w/refusal in past year w/% of total screened/DX	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/depression education or refusal	1	2.9	0	0.0	+2.9	0	0.0	+2.9

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Depression Screening (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Female Active IHD Pts	23		18			14		
# w/ Depression screening, DX or refusal	3	13.0	4	22.2	-9.2	2	14.3	-1.2
A. # screened for depression	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/mood disorder DX	3	13.0	4	22.2	-9.2	2	14.3	-1.2
C. # w/refusal in past year w/% of total screened/DX	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/depression education or refusal	1	4.3	1	5.6	-1.2	0	0.0	+4.3

Antidepressant Medication Management

Denominator(s):
As of the 120th day of the Report period, Active Clinical patients 18 years and older who were diagnosed with a new episode of depression and treated with antidepressant medication in the past year.
As of the 120th day of the Report period, User Population patients 18 years and older who were diagnosed with a new episode of depression and treated with antidepressant medication in the past year.

Numerator(s):
Optimal Practitioner Contacts: Patients with at least three mental health visits with a non-mental health or mental health provider within 12 weeks (84 days) after diagnosis, two of which must be face-to-face visits and one of which must be with a prescribing provider.
Effective Acute Phase Treatment: Patients who filled a sufficient number of separate prescriptions/refills of antidepressant medication for continuous treatment of at least 84 days (12 weeks).
Effective Continuation Phase Treatment: Patients who filled a sufficient number of separate prescriptions/refills of antidepressant medication treatment to provide continuous treatment for at least 180 days (6 months).

Logic:
Age is calculated at the beginning of the Report period. To be included in the denominator, patient must meet both of the following conditions:

1. One of the following from the 121st day of the year prior to the Report period to the 120th day of the Report period: 1) one visit in any setting with major depression DX (see list of codes below) as primary POV, 2) two outpatients visits occurring on different dates of service with secondary POV of major depression, or 3) an inpatient visit with secondary POV of major depression.

For example, if Report period is July 1, 2005 - June 30, 2006, patient must have one of the three scenarios above during 11/1/2004 - 10/29/2005.

Major depression defined as POV 296.2*, 296.3*, 298.0, 300.4, 309.1, 311. The Index Episode Start Date is date of the patient's earliest visit during this period. For inpatient visits, the discharge date will be used.

2. Filled a prescription for an antidepressant medication (see list of medications below) within 30 days before the Index Episode Start Date or 14 days on or after that date. In V Medication, Date Discontinued must not be equal to the prescription (i.e. visit) date. The Index Prescription Date is the date of the earliest prescription for

antidepressant medication filled during that time period.

Denominator Exclusions:

1. Patients who have had any diagnosis of depression within the previous 120 days (4 months) of the Index Episode Start Date. The POVs to be checked for prior depressive episodes is more comprehensive and include the following: POV 296.2*-296.9*, 298.0, 300.4, 309.0, 309.1, 309.28, 311, or

2. Patients who had a new or refill prescription for antidepressant medication (see list of medications below) within 90 days (3 months) prior to the Index Prescription Date are excluded as they do not represent new treatment episodes, or

3. Patients who had an acute mental health or substance abuse inpatient stay during the 245 days after the Index Episode Start Date treatment period. Acute mental health stays are defined as Service Category of H and primary POV 290*, 293*-302*, 306*-316*. Substance abuse inpatient stays are defined as Service Category of H and primary POV 291*-292*, 303*-305* or primary POV 960*-979* AND secondary POV of 291*-292*, 303*-305*.

Optimal Practitioner Contacts numerator: Patient must have: 1) Three face-to-face follow-up outpatient, non-ER visits (clinic code not equal to 30) or intermediate treatment with either a non-mental health or mental health provider within 84 days after the Index Episode Start Date, or 2) two face-to-face outpatient, non-ER visits (clinic code not equal to 30) and one telephone visit (Service Category T) with either a non-mental health or mental health provider within 84 days after the Index Episode Start Date. For either option, one of the visits must be to a prescribing provider, defined as provider codes 00, 08, 11, 16-18, 21, 24-25, 30, 33, 41, 44-45, 47, 49, 64, 67-68, 70-83, 85-86, A1, A9, or B1-B6. NOTE: If patient was diagnosed with two secondary diagnoses of depression, the second visit may be counted toward the numerator.

Outpatient mental health provider visits are defined as BHS or PCC visit with primary provider code of 06, 12, 19, 48, 49, 50, 62, 63, 81, or 92-96, AND

1. A) Service category A, S, or O, and B1) CPT 90801, 90802, 90804-90819, 90821-90824, 90826-90829, 90845, 90847, 90849, 90853, 90857, 90862, 90870, 90871 (old code), 90875, 90876, 99384-99387, 99394-99397, 99401-99404, G0155, G0176, G0177, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, M0064, S9484, S9485 or B2) POV 290*, 293*-302*, 306*-316*, OR

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2. A) Service category of A, S, or O and B1) Location of Encounter = Home (as designated in Site Parameters) or B2) clinic code = 11, OR

3. Service category of T.

Outpatient non-mental health provider visits are defined as BHS or PCC visits with:

1. A) Service category A, S, or O, and B) CPT 90801, 90802, 90804-90819, 90821-90824, 90826-90829, 90845, 90847, 90849, 90853, 90857, 90862, 90870, 90871 (old code), 90875, 90876, G0155, G0176, G0177, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, M0064, S9484, S9485 OR

2. A1) Service category A, S, O, or T or A2) Location of Encounter = Home (as designated in Site Parameters) or A3) clinic code 11 and B) POV 290*, 293*-302*, 306*-316*, OR

3. A) Service category A, S, or O, and B) CPT 99384-99387, 99394-99397, 99401-99404 and C) POV 290*, 293*-302*, 306*-316*.

Effective Acute Phase Treatment numerator: For all antidepressant medication prescriptions filled (see list of medications below) within 114 days of the Index Prescription Date, from V Medication CRS counts the days prescribed (i.e. treatment days) from the Index Prescription Date until a total of 84 treatment days has been established. If the patient had a total gap exceeding 30 days or if the patient does not have 84 treatment days within the 114 day timeframe, the patient is not included in the numerator.

NOTE: If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2004, Discontinued Date=11/19/2004, Recalculated # Days Prescribed=4.

Example of Patient Included in Numerator:
- 1st RX is Index Rx Date: 11/1/2004, # Days Prescribed=30
  Rx covers patient through 12/1/2004
- 2nd RX: 12/15/2004, # Days Prescribed=30
  Gap #1 = (12/15/2004-12/1/2004) = 14 days
  Rx covers patient through 1/14/2005
- 3rd RX: 1/10/2005, # Days Prescribed=30
  No gap days.
  Rx covers patient through 2/13/2005
- Index Rx Date 11/1/2004 + 114 days = 2/23/2005
- Patient's 84th treatment day occurs on 2/7/2005, which is

<= 2/23/2005 AND # gap days of 14 is less than 30.

Example of Patient Not Included in Numerator:

- 1st Rx is Index Rx Date: 11/1/2004, # Days Prescribed=30
  Rx covers patient through 12/1/2004
- 2nd Rx: 12/15/2004, # Days Prescribed=30
  Gap #1 = (12/15/2004-12/1/2004) = 14 days
  Rx covers patient through 1/14/2005
- 3rd Rx: 2/01/2005, # Days Prescribed=30
  Gap #2 = (2/01/2005-1/14/2005) = 18, total # gap days = 32,
  so patient is not included in the numerator

Effective Continuation Phase Treatment numerator: For all antidepressant medication prescriptions (see list of medications below) filled within 231 days of the Index Prescription Date, CRS counts the days prescribed (i.e. treatment days) (from V Medication) from the Index Prescription Date until a total of 180 treatment days has been established. If the patient had a total gap exceeding 51 days or if the patient does not have 180 treatment days within the 231 day timeframe, the patient is not included in the numerator.

NOTE: If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2004, Discontinued Date=11/19/2004, Recalculated # Days Prescribed=4.

Antidepressant medications defined with medication taxonomy BGP HEDIS ANTIDEPRESSANT MEDS. (Medications are: Tricyclic antidepressants (TCA) and other cyclic antidepressants, Selective serotonin reuptake inhibitors (SSRI), Monoamine oxidase inhibitors (MAOI), Serotonin-norepinepherine reuptake inhibitors (SNRI), and other antidepressants.)

Performance Measure Description:
Increase the rate for patients with new depression diagnosis who are receiving appropriate treatment medication.

Past Performance and/or Target:
HP 2010 Goal: 50%

Source:
HEDIS, HP 2010 18-9b

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Antidepressant Medication Management (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts =>18 w/new depression DX and antidepressant meds	16		6			2		
# w/3 outpt mental health visits within 12 weeks	5	31.3	1	16.7	+14.6	0	0.0	+31.3
# w/12 week treatment meds	8	50.0	4	66.7	-16.7	0	0.0	+50.0
# w/180 day treatment meds	4	25.0	3	50.0	-25.0	0	0.0	+25.0
User Pop Pts =>18 w/new depression DX and antidepressant meds	17		7			3		
# w/3 outpt mental health visits within 12 weeks	5	29.4	1	14.3	+15.1	0	0.0	+29.4
# w/12 week treatment meds	8	47.1	4	57.1	-10.1	0	0.0	+47.1
# w/180 day treatment meds	4	23.5	3	42.9	-19.3	0	0.0	+23.5

Obesity Assessment

Denominator(s):
Active Clinical patients ages 2 through 74, broken out by gender and age group.
All User Population patients ages 2 through 74, broken out by gender.

Numerator(s):
Patients for whom a BMI could be calculated, including refusals in the past year.
For those with a BMI calculated, patients considered overweight but not obese using BMI and standard tables.
For those with a BMI calculated, patients considered obese using BMI and standard tables.
Total of overweight and obese.
Patients with documented refusal in past year.

Logic:
Age is calculated at beginning of the Report Period. CRS calculates BMI at the time the report is run, using NHANES II. For 18 and under, a height and weight must be taken on the same day any time during the Report Period. For 19 through 50, height and weight must be recorded within last 5 years, not required to be on the same day. For over 50, height and weight within last 2 years, not required to be recorded on same day. Overweight but not obese is defined as BMI of 25 through 29 for adults 19 and older. Obese is defined as BMI of 30 or more for adults 19 and older. For ages 2-18, definitions based on standard tables. Refusals include REF (refused), NMI (not medically indicated) and UAS (unable to screen) and must be documented during the past year. For ages 18 and under, both the height and weight must be refused on the same visit at any time during the past year. For ages 19 and older, the height and the weight must be refused during the past year and are not required to be on the same visit.

Performance Measure Description:
Increase the number of patients for whom BMI data can be measured by 5%.

Past Performance and/or Target:
BMI Available: IHS Performance: FY 2005 - 64.0%, FY 2004 - 60.0%

HP 2010 Goals: 19-2 (Obesity in Adults 20+): 15%, 19-3a (Overweight or Obesity in Children 6-11): 5%, 19-3b (Overweight or Obesity in Adolescents 12-19): 5%, 19-3c (Overweight or Obesity in Children 6-19): 5%

Source:
HP 2010 19-2 Obesity in Adults 20+, 19-3a Overweight or Obesity in Children 6-11, 19-3b Overweight or Obesity in Adolescents 12-19, 19-3c

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Overweight or Obesity in Children 6-19

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts ages 2-74	1,254		1,032			980		
# w/BMI calculated	854	68.1	819	79.4	-11.3	713	72.8	-4.7
A. # Overweight w/ % of Total BMI	238	27.9	236	28.8	-0.9	192	26.9	+0.9
B. # Obese w/ % of Total BMI	355	41.6	336	41.0	+0.5	267	37.4	+4.1
C. # Overweight/Obese w/ % of Total BMI	593	69.4	572	69.8	-0.4	459	64.4	+5.1
D. # w/refusal in past year w/ % of Total BMI	0	0.0	0	0.0	+0.0	0	0.0	+0.0
Male Active Clinical Pts 2-74	525		433			409		
# w/BMI calculated	330	62.9	328	75.8	-12.9	284	69.4	-6.6
A. # Overweight w/ % of Total BMI	102	30.9	97	29.6	+1.3	74	26.1	+4.9
B. # Obese w/ % of Total BMI	146	44.2	140	42.7	+1.6	117	41.2	+3.0
C. #Overweight/Obese w/ % of Total BMI	248	75.2	237	72.3	+2.9	191	67.3	+7.9
D. # w/refusal in past year w/ % of Total BMI	0	0.0	0	0.0	+0.0	0	0.0	+0.0
Female Active Clinical Pts 2-74	729		599			571		
# w/BMI calculated	524	71.9	491	82.0	-10.1	429	75.1	-3.3
A. # Overweight w/ % of Total BMI	136	26.0	139	28.3	-2.4	118	27.5	-1.6
B. # Obese w/ % of Total BMI	209	39.9	196	39.9	-0.0	150	35.0	+4.9
C. #Overweight/Obese w/ % of Total BMI	345	65.8	335	68.2	-2.4	268	62.5	+3.4
D. # w/refusal in past year w/ % of Total BMI	0	0.0	0	0.0	+0.0	0	0.0	+0.0

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Obesity Assessment (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
User Population								
Pts 2-74	2,546		2,150			2,124		
# w/BMI calculated	1,150	45.2	1,086	50.5	-5.3	913	43.0	+2.2
A. # Overweight w/ % of Total BMI	323	28.1	312	28.7	-0.6	246	26.9	+1.1
B. # Obese w/ % of Total BMI	473	41.1	449	41.3	-0.2	330	36.1	+5.0
C. #Overweight/Obese w/ % of Total BMI	796	69.2	761	70.1	-0.9	576	63.1	+6.1
D. # w/refusal in past year w/ % of Total BMI	0	0.0	0	0.0	+0.0	0	0.0	+0.0
Male User Pop 2-74 years	1,194		999			1,003		
# w/BMI calculated	477	39.9	465	46.5	-6.6	378	37.7	+2.3
A. # Overweight w/ % of Total BMI	142	29.8	139	29.9	-0.1	106	28.0	+1.7
B. # Obese w/ % of Total BMI	212	44.4	198	42.6	+1.9	142	37.6	+6.9
C. #Overweight/Obese w/ % of Total BMI	354	74.2	337	72.5	+1.7	248	65.6	+8.6
D. # w/refusal in past year w/ % of Total BMI	0	0.0	0	0.0	+0.0	0	0.0	+0.0
Female User Pop 2-74 years	1,352		1,151			1,121		
# w/BMI calculated	673	49.8	621	54.0	-4.2	535	47.7	+2.1
A. # Overweight w/ % of Total BMI	181	26.9	173	27.9	-1.0	140	26.2	+0.7
B. Obese w/ % of Total BMI	261	38.8	251	40.4	-1.6	188	35.1	+3.6
C. #Overweight/Obese w/ % of Total BMI	442	65.7	424	68.3	-2.6	328	61.3	+4.4
D. # w/refusal in past year w/ % of Total BMI	0	0.0	0	0.0	+0.0	0	0.0	+0.0

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Obesity Assessment (con't)

	TOTAL ACTIVE CLINICAL POPULATION							
	Age Distribution							
	2-5	6-11	12-19	20-24	25-34	35-44	45-54	55-74
CURRENT REPORT PERIOD								
Total # Active Clin	108	97	143	122	214	188	185	197
# w/ BMI calculated	52	44	89	115	177	138	122	117
% w/BMI calculated	48.1	45.4	62.2	94.3	82.7	73.4	65.9	59.4
# A. Overweight	9	10	21	32	44	37	38	47
% A. Overweight w/ % Total BMI	17.3	22.7	23.6	27.8	24.9	26.8	31.1	40.2
# B. Obese	7	13	28	38	82	82	56	49
% B. Obese w/ % of Total BMI	13.5	29.5	31.5	33.0	46.3	59.4	45.9	41.9
# C. Overweight or Obese	16	23	49	70	126	119	94	96
% C. Overweight or Obese w/ % Total BMI	30.8	52.3	55.1	60.9	71.2	86.2	77.0	82.1
# D. w/refusal in in past yr	0	0	0	0	0	0	0	0
% D. w/refusal in past yr w/ % Total BMI	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Obesity Assessment (con't)

	TOTAL ACTIVE CLINICAL POPULATION Age Distribution							
	2-5	6-11	12-19	20-24	25-34	35-44	45-54	55-74
PREVIOUS YEAR PERIOD								
Total # Active Clin	111	119	133	120	161	134	125	129
# w/ BMI calculated	49	56	88	114	152	128	112	120
% w/BMI calculated	44.1	47.1	66.2	95.0	94.4	95.5	89.6	93.0
# A. Overweight	7	11	20	38	47	33	35	45
% A. Overweight w/ % Total BMI	14.3	19.6	22.7	33.3	30.9	25.8	31.3	37.5
# B. Obese	14	14	26	35	63	76	56	52
% B. Obese w/ % of Total BMI	28.6	25.0	29.5	30.7	41.4	59.4	50.0	43.3
# C. Overweight or Obese	21	25	46	73	110	109	91	97
% C. Overweight or Obese w/ % Total BMI	42.9	44.6	52.3	64.0	72.4	85.2	81.3	80.8
# D. w/refusal in past yr	0	0	0	0	0	0	0	0
% D. w/refusal in past yr w/ % Total BMI	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CHANGE FROM PREV YR %								
w/ BMI calculated	+4.0	-1.7	-3.9	-0.7	-11.7	-22.1	-23.7	-33.6
A. Overweight	+3.0	+3.1	+0.9	-5.5	-6.1	+1.0	-0.1	+2.7
B. Obese	-15.1	+4.5	+1.9	+2.3	+4.9	+0.0	-4.1	-1.5
C. Overweight or Obese	-12.1	+7.6	+2.8	-3.2	-1.2	+1.1	-4.2	+1.2
D. w/refusal in past yr	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

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Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Obesity Assessment (con't)

	TOTAL ACTIVE CLINICAL POPULATION Age Distribution							
	2-5	6-11	12-19	20-24	25-34	35-44	45-54	55-74
BASELINE REPORT PERIOD								
Total # Active Clin	116	115	135	112	153	126	123	100
# w/ BMI calculated	45	58	77	99	129	109	103	93
% w/BMI calculated	38.8	50.4	57.0	88.4	84.3	86.5	83.7	93.0
# A. Overweight	9	7	18	23	39	29	35	32
% A. Overweight w/ % Total BMI	20.0	12.1	23.4	23.2	30.2	26.6	34.0	34.4
# B. Obese	7	13	19	32	58	55	44	39
% B. Obese w/ % of Total BMI	15.6	22.4	24.7	32.3	45.0	50.5	42.7	41.9
# C. Overweight or Obese	16	20	37	55	97	84	79	71
% C. Overweight or Obese w/ % Total BMI	35.6	34.5	48.1	55.6	75.2	77.1	76.7	76.3
# D. w/refusal in past yr	0	0	0	0	0	0	0	0
% D. w/refusal in past yr w/ % Total BMI	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CHANGE FROM BASE YR %								
w/ BMI calculated	+9.4	-5.1	+5.2	+5.9	-1.6	-13.1	-17.8	-33.6
A. Overweight	-2.7	+10.7	+0.2	+4.6	-5.4	+0.2	-2.8	+5.8
B. Obese	-2.1	+7.1	+6.8	+0.7	+1.4	+9.0	+3.2	-0.1
C. Overweight or Obese	-4.8	+17.8	+7.0	+5.3	-4.0	+9.2	+0.4	+5.7
D. w/refusal in past yr	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

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Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Obesity Assessment (con't)

MALE ACTIVE CLINICAL POPULATION

Age Distribution

	2-5	6-11	12-19	20-24	25-34	35-44	45-54	55-74
CURRENT REPORT PERIOD								
Total MALE AC	52	44	70	41	68	69	78	103
# w/ BMI calculated	22	21	44	39	49	54	47	54
% w/BMI calculated	42.3	47.7	62.9	95.1	72.1	78.3	60.3	52.4
# A. Overweight	3	4	13	10	13	17	19	23
% A. Overweight w/ % Total BMI	13.6	19.0	29.5	25.6	26.5	31.5	40.4	42.6
# B. Obese	4	8	14	14	27	33	21	25
% B. Obese w/ % of Total BMI	18.2	38.1	31.8	35.9	55.1	61.1	44.7	46.3
# C. Overweight or Obese	7	12	27	24	40	50	40	48
% C. Overweight or Obese w/ % Total BMI	31.8	57.1	61.4	61.5	81.6	92.6	85.1	88.9
# D. w/refusal in in past yr	0	0	0	0	0	0	0	0
% D. w/refusal in past yr w/ % Total BMI	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

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DEMO INDIAN HOSPITAL

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Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Obesity Assessment (con't)

MALE ACTIVE CLINICAL POPULATION

Age Distribution

	2-5	6-11	12-19	20-24	25-34	35-44	45-54	55-74
PREVIOUS YEAR PERIOD								
Total MALE AC	55	59	65	39	43	56	56	60
# w/ BMI calculated	21	31	41	36	40	55	50	54
% w/BMI calculated	38.2	52.5	63.1	92.3	93.0	98.2	89.3	90.0
# A. Overweight	4	5	8	14	14	15	16	21
% A. Overweight w/ % Total BMI	19.0	16.1	19.5	38.9	35.0	27.3	32.0	38.9
# B. Obese	5	7	10	11	20	34	30	23
% B. Obese w/ % of Total BMI	23.8	22.6	24.4	30.6	50.0	61.8	60.0	42.6
# C. Overweight or Obese	9	12	18	25	34	49	46	44
% C. Overweight or Obese w/ % Total BMI	42.9	38.7	43.9	69.4	85.0	89.1	92.0	81.5
# D. w/refusal in past yr	0	0	0	0	0	0	0	0
% D. w/refusal in past yr w/ % Total BMI	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CHANGE FROM PREV YR %								
w/ BMI calculated	+4.1	-4.8	-0.2	+2.8	-21.0	-20.0	-29.0	-37.6
A. Overweight	-5.4	+2.9	+10.0	-13.2	-8.5	+4.2	+8.4	+3.7
B. Obese	-5.6	+15.5	+7.4	+5.3	+5.1	-0.7	-15.3	+3.7
C. Overweight or Obese	-11.0	+18.4	+17.5	-7.9	-3.4	+3.5	-6.9	+7.4
D. w/refusal in past yr	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0

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DEMO INDIAN HOSPITAL

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Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Obesity Assessment (con't)

MALE ACTIVE CLINICAL POPULATION

Age Distribution

	2-5	6-11	12-19	20-24	25-34	35-44	45-54	55-74
BASELINE REPORT PERIOD								
Total MALE AC	58	61	63	35	48	46	53	45
# w/ BMI calculated	23	33	32	29	37	39	46	45
% w/BMI calculated	39.7	54.1	50.8	82.9	77.1	84.8	86.8	100.0
# A. Overweight	4	4	6	9	10	12	16	13
% A. Overweight w/ % Total BMI	17.4	12.1	18.8	31.0	27.0	30.8	34.8	28.9
# B. Obese	4	10	9	11	20	18	20	25
% B. Obese w/ % of Total BMI	17.4	30.3	28.1	37.9	54.1	46.2	43.5	55.6
# C. Overweight or Obese	8	14	15	20	30	30	36	38
% C. Overweight or Obese w/ % Total BMI	34.8	42.4	46.9	69.0	81.1	76.9	78.3	84.4
# D. w/refusal in past yr	0	0	0	0	0	0	0	0
% D. w/refusal in past yr w/ % Total BMI	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CHANGE FROM BASE YR %								
w/ BMI calculated	+2.7	-6.4	+12.1	+12.3	-5.0	-6.5	-26.5	-47.6
A. Overweight	-3.8	+6.9	+10.8	-5.4	-0.5	+0.7	+5.6	+13.7
B. Obese	+0.8	+7.8	+3.7	-2.0	+1.0	+15.0	+1.2	-9.3
C. Overweight or Obese	-3.0	+14.7	+14.5	-7.4	+0.6	+15.7	+6.8	+4.4
D. w/refusal in past yr	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Obesity Assessment (con't)

FEMALE ACTIVE CLINICAL POPULATION

	Age Distribution							
	2-5	6-11	12-19	20-24	25-34	35-44	45-54	55-74
CURRENT REPORT PERIOD								
Total FEMALE AC	56	53	73	81	146	119	107	94
# w/ BMI calculated	30	23	45	76	128	84	75	63
% w/BMI calculated	53.6	43.4	61.6	93.8	87.7	70.6	70.1	67.0
# A. Overweight	6	6	8	22	31	20	19	24
% A. Overweight w/ % Total BMI	20.0	26.1	17.8	28.9	24.2	23.8	25.3	38.1
# B. Obese	3	5	14	24	55	49	35	24
% B. Obese w/ % of Total BMI	10.0	21.7	31.1	31.6	43.0	58.3	46.7	38.1
# C. Overweight or Obese	9	11	22	46	86	69	54	48
% C. Overweight or Obese w/ % Total BMI	30.0	47.8	48.9	60.5	67.2	82.1	72.0	76.2
# D. w/refusal in in past yr	0	0	0	0	0	0	0	0
% D. w/refusal in past yr w/ % Total BMI	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Obesity Assessment (con't)

FEMALE ACTIVE CLINICAL POPULATION

Age Distribution

	2-5	6-11	12-19	20-24	25-34	35-44	45-54	55-74
PREVIOUS YEAR PERIOD								
Total FEMALE AC	56	60	68	81	118	78	69	69
# w/ BMI calculated	28	25	47	78	112	73	62	66
% w/BMI calculated	50.0	41.7	69.1	96.3	94.9	93.6	89.9	95.7
# A. Overweight	3	6	12	24	33	18	19	24
% A. Overweight w/ % Total BMI	10.7	24.0	25.5	30.8	29.5	24.7	30.6	36.4
# B. Obese	9	7	16	24	43	42	26	29
% B. Obese w/ % of Total BMI	32.1	28.0	34.0	30.8	38.4	57.5	41.9	43.9
# C. Overweight or Obese	12	13	28	48	76	60	45	53
% C. Overweight or Obese w/ % Total BMI	42.9	52.0	59.6	61.5	67.9	82.2	72.6	80.3
# D. w/refusal in past yr	0	0	0	0	0	0	0	0
% D. w/refusal in past yr w/ % Total BMI	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CHANGE FROM PREV YR %								
w/ BMI calculated	+3.6	+1.7	-7.5	-2.5	-7.2	-23.0	-19.8	-28.6
A. Overweight	+9.3	+2.1	-7.8	-1.8	-5.2	-0.8	-5.3	+1.7
B. Obese	-22.1	-6.3	-2.9	+0.8	+4.6	+0.8	+4.7	-5.8
C. Overweight or Obese	-12.9	-4.2	-10.7	-1.0	-0.7	-0.0	-0.6	-4.1
D. w/refusal in past yr	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0

*** IHS 2008 Selected Measures with Community Specified Report ***
DEMO INDIAN HOSPITAL
Report Period: Jan 01, 2007 to Dec 31, 2007
Previous Year Period: Jan 01, 2006 to Dec 31, 2006
Baseline Period: Jan 01, 2000 to Dec 31, 2000

Obesity Assessment (con't)

FEMALE ACTIVE CLINICAL POPULATION
Age Distribution

	2-5	6-11	12-19	20-24	25-34	35-44	45-54	55-74
BASELINE REPORT PERIOD								
Total FEMALE AC	58	54	72	77	105	80	70	55
# w/ BMI calculated	22	25	45	70	92	70	57	48
% w/BMI calculated	37.9	46.3	62.5	90.9	87.6	87.5	81.4	87.3
# A. Overweight	5	3	12	14	29	17	19	19
% A. Overweight w/ % Total BMI	22.7	12.0	26.7	20.0	31.5	24.3	33.3	39.6
# B. Obese	3	3	10	21	38	37	24	14
% B. Obese w/ % of Total BMI	13.6	12.0	22.2	30.0	41.3	52.9	42.1	29.2
# C. Overweight or Obese	8	6	22	35	67	54	43	33
% C. Overweight or Obese w/ % Total BMI	36.4	24.0	48.9	50.0	72.8	77.1	75.4	68.8
# D. w/refusal in past yr	0	0	0	0	0	0	0	0
% D. w/refusal in past yr w/ % Total BMI	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CHANGE FROM BASE YR %								
w/ BMI calculated	+15.6	-2.9	-0.9	+2.9	+0.1	-16.9	-11.3	-20.3
A. Overweight	-2.7	+14.1	-8.9	+8.9	-7.3	-0.5	-8.0	-1.5
B. Obese	-3.6	+9.7	+8.9	+1.6	+1.7	+5.5	+4.6	+8.9
C. Overweight or Obese	-6.4	+23.8	+0.0	+10.5	-5.6	+5.0	-3.4	+7.4
D. w/refusal in past yr	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0

*** IHS 2008 Selected Measures with Community Specified Report ***
DEMO INDIAN HOSPITAL
Report Period: Jan 01, 2007 to Dec 31, 2007
Previous Year Period: Jan 01, 2006 to Dec 31, 2006
Baseline Period: Jan 01, 2000 to Dec 31, 2000

Childhood Weight Control

Denominator(s):
GPRA Denominator: Active Clinical Patients 2-5 for whom a BMI could be calculated, broken out by age groups and gender.

Numerator(s):
Patients with BMI 85-94%.
GPRA Numerator: Patients with a BMI 95% and up.
Patients with a BMI =>85%.

Logic:
All patients for whom a BMI could be calculated and who are between the ages of 2 and 5 at the beginning of the Report Period and who do not turn age 6 during the Report Period are included in this measure. Age in the age groups is calculated based on the date of the most current BMI found. For example, a patient may be 2 at the beginning of the time period but is 3 at the time of the most current BMI found. That patient will fall into the age 3 group. CRS looks for the most recent BMI in the report period. CRS calculates BMI at the time the report is run, using NHANES II. A height and weight must be taken on the same day any time during the Report Period. The BMI values for this measure reported differently than in Obesity Assessment since this age group is children ages 2-5, whose BMI values are age-dependent. The BMI values are categorized as At-risk for Overweight for patients with a BMI between 85-94% and Overweight for patients with a BMI of 95%.

Patients whose BMI either is greater or less than the Data Check Limit range shown below will not be included in the report counts for At-risk for Overweight or Overweight.

Low-High Ages	SEX	BMI >= (Risk-Overwt)	BMI >= (Overwt)	DATA CHECK LIMITS BMI >	BMI <
2-2	MALE	17.7	18.7	36.8	7.2
	FEMALE	17.5	18.6	37.0	7.1
3-3	MALE	17.1	18.0	35.6	7.1
	FEMALE	17.0	18.1	35.4	6.8
4-4	MALE	16.8	17.8	36.2	7.0
	FEMALE	16.7	18.1	36.0	6.9
5-5	MALE	16.9	18.1	36.0	6.9
	FEMALE	16.9	18.5	39.2	6.8

Performance Measure Description:

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

TBD

Past Performance and/or Target:
IHS Performance: FY 2007 - 24%, FY 2006 - 24%

IHS 2010 Goal: Reduce by 10%

Source:
CDC, National Center for Health Statistics

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts 2-5 w/BMI (GPRA)	44		39			40		
# w/BMI 85-94%	7	15.9	5	12.8	+3.1	10	25.0	-9.1
# w/BMI =>95% (GPRA)	5	11.4	9	23.1	-11.7	5	12.5	-1.1
# w/BMI =>85%	12	27.3	14	35.9	-8.6	15	37.5	-10.2
Active Clinical Pts Age 2	2		8			5		
# w/BMI 85-94%	1	50.0	0	0.0	+50.0	1	20.0	+30.0
# w/BMI =>95%	0	0.0	2	25.0	-25.0	0	0.0	+0.0
# w/BMI =>85%	1	50.0	2	25.0	+25.0	1	20.0	+30.0
Active Clinical Pts Age 3	23		15			8		
# w/BMI 85-94%	2	8.7	2	13.3	-4.6	3	37.5	-28.8
# w/BMI =>95%	3	13.0	3	20.0	-7.0	2	25.0	-12.0
# w/BMI =>85%	5	21.7	5	33.3	-11.6	5	62.5	-40.8

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Childhood Weight Control (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts Age 4	12		10			17		
# w/BMI 85-94%	1	8.3	2	20.0	-11.7	3	17.6	-9.3
# w/BMI =>95%	1	8.3	2	20.0	-11.7	2	11.8	-3.4
# w/BMI =>85%	2	16.7	4	40.0	-23.3	5	29.4	-12.7
Active Clinical Pts Age 5	7		6			10		
# w/BMI 85-94%	3	42.9	1	16.7	+26.2	3	30.0	+12.9
# w/BMI =>95%	1	14.3	2	33.3	-19.0	1	10.0	+4.3
# w/BMI =>85%	4	57.1	3	50.0	+7.1	4	40.0	+17.1
Male Active Clinical Pts Age 2	1		3			2		
# w/BMI 85-94%	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/BMI =>95%	0	0.0	1	33.3	-33.3	0	0.0	+0.0
# w/BMI =>85%	0	0.0	1	33.3	-33.3	0	0.0	+0.0
Male Active Clinical Pts Age 3	9		7			4		
# w/BMI 85-94%	1	11.1	0	0.0	+11.1	1	25.0	-13.9
# w/BMI =>95%	1	11.1	2	28.6	-17.5	2	50.0	-38.9
# w/BMI =>85%	2	22.2	2	28.6	-6.3	3	75.0	-52.8
Male Active Clinical Pts Age 4	4		4			9		
# w/BMI 85-94%	0	0.0	1	25.0	-25.0	2	22.2	-22.2
# w/BMI =>95%	0	0.0	0	0.0	+0.0	1	11.1	-11.1
# w/BMI =>85%	0	0.0	1	25.0	-25.0	3	33.3	-33.3

*** IHS 2008 Selected Measures with Community Specified Report ***
DEMO INDIAN HOSPITAL
Report Period: Jan 01, 2007 to Dec 31, 2007
Previous Year Period: Jan 01, 2006 to Dec 31, 2006
Baseline Period: Jan 01, 2000 to Dec 31, 2000

Childhood Weight Control (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Male Active Clinical Pts Age 5	4		4			5		
# w/BMI 85-94%	2	50.0	1	25.0	+25.0	1	20.0	+30.0
# w/BMI =>95%	1	25.0	1	25.0	+0.0	0	0.0	+25.0
# w/BMI =>85%	3	75.0	2	50.0	+25.0	1	20.0	+55.0
Female Active Clinical Pts Age 2	1		5			3		
# w/BMI 85-94%	1	100.0	0	0.0	+100.0	1	33.3	+66.7
# w/BMI =>95%	0	0.0	1	20.0	-20.0	0	0.0	+0.0
# w/BMI =>85%	1	100.0	1	20.0	+80.0	1	33.3	+66.7
Female Active Clinical Pts Age 3	14		8			4		
# w/BMI 85-94%	1	7.1	2	25.0	-17.9	2	50.0	-42.9
# w/BMI =>95%	2	14.3	1	12.5	+1.8	0	0.0	+14.3
# w/BMI =>85%	3	21.4	3	37.5	-16.1	2	50.0	-28.6
Female Active Clinical Pts Age 4	8		6			8		
# w/BMI 85-94%	1	12.5	1	16.7	-4.2	1	12.5	+0.0
# w/BMI =>95%	1	12.5	2	33.3	-20.8	1	12.5	+0.0
# w/BMI =>85%	2	25.0	3	50.0	-25.0	2	25.0	+0.0
Female Active Clinical Pts Age 5	3		2			5		
# w/BMI 85-94%	1	33.3	0	0.0	+33.3	2	40.0	-6.7
# w/BMI =>95%	0	0.0	1	50.0	-50.0	1	20.0	-20.0
# w/BMI =>85%	1	33.3	1	50.0	-16.7	3	60.0	-26.7

Nutrition and Exercise Education for At Risk Patients

Denominator(s):
Active Clinical patients ages 6 and older considered overweight (including obese). Broken down by gender.
A: Active Clinical patients ages 6 and older considered obese. Broken down by age and gender.
Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the end of Report period, AND at least 2 visits in the past year, AND 2 DM-related visits ever. Broken out by gender.

Numerator(s):
Patients provided with medical nutrition counseling in the year prior to end of Report period.
Patients provided specific nutrition education in the year prior to the end of the Report period.
Patients provided specific exercise education in year prior to end of Report period.
Patients provided with other related exercise and nutrition education.

Logic:
Age of the patient is calculated at beginning of Report period.

Diabetes: First DM Purpose of Visit 250.00-250.93 recorded in the V POV file prior to the Report period.

Overweight is defined as including both obese and overweight categories calculated by BMI. Overweight: Ages 19 and older, BMI equal to or greater than (=>) 25. Obese: Ages 19 and older, BMI equal to or greater than (=>) 30. For ages 18 and under, definition based on standard tables. CRS calculates BMI at the time the report is run, using NHANES II. For 18 and under, a height and weight must be taken on the same day any time during the Report Period. For 19 through 50, height and weight must be recorded within last 5 years, not required to be on the same day. For over 50, height and weight within last 2 years, not required to be recorded on same day.

Medical nutrition counseling defined as: CPT 97802-97804, G0270, G0271; Provider codes 07, 29, 97, 99; Clinic codes 67 (dietary) or 36 (WIC).

Nutrition education defined as: POV V65.3 dietary surveillance and counseling or patient education codes ending "-N" (Nutrition) or "-MNT" (or old code "-DT" (Diet)) or containing V65.3.

Exercise education defined as: POV V65.41 exercise counseling or patient education codes ending "-EX" (Exercise) or containing V65.41.

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Related exercise and nutrition counseling defined as: Patient education codes ending "-LA" (lifestyle adaptation) or containing "OBS-" (obesity) or 278.00 or 278.01.

Performance Measure Description:
Increase the proportion of at risk patients who are provided patient education on nutrition and exercise.

Source:
HP 2010 19-17

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# Overweight Active Clinical patients =>6	577		551			443		
# w/medical nutrition counseling	30	5.2	16	2.9	+2.3	23	5.2	+0.0
# specific nutrition education provided	78	13.5	79	14.3	-0.8	78	17.6	-4.1
# w/exercise educ	30	5.2	28	5.1	+0.1	35	7.9	-2.7
# w/ other exec or nutrition educ	75	13.0	59	10.7	+2.3	24	5.4	+7.6
# Male Overweight Active Clinical pts =>6	241		228			183		
# w/medical nutrition counseling	15	6.2	7	3.1	+3.2	6	3.3	+2.9
# specific nutrition education provided	36	14.9	32	14.0	+0.9	28	15.3	-0.4
# w/exercise educ	13	5.4	12	5.3	+0.1	16	8.7	-3.3
# w/ other exec or nutrition educ	41	17.0	22	9.6	+7.4	11	6.0	+11.0

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Nutrition and Exercise Education for At Risk Patient (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# Female Overweight Active Clinical pts =>6	336		323			260		
# w/medical nutrition counseling	15	4.5	9	2.8	+1.7	17	6.5	-2.1
# specific nutrition education provided	42	12.5	47	14.6	-2.1	50	19.2	-6.7
# w/exercise educ	17	5.1	16	5.0	+0.1	19	7.3	-2.2
# w/ other exec or nutrition educ	34	10.1	37	11.5	-1.3	13	5.0	+5.1

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

A. # Obese Active Clinical patients =>6	348		322			260		
# w/medical nutrition counseling	21	6.0	11	3.4	+2.6	15	5.8	+0.3
# specific nutrition education provided	56	16.1	50	15.5	+0.6	46	17.7	-1.6
# w/exercise educ	24	6.9	22	6.8	+0.1	21	8.1	-1.2
# w/ other exec or nutrition educ	44	12.6	41	12.7	-0.1	14	5.4	+7.3
# Male Obese Active Clinical pts =>6	142		135			113		
# w/medical nutrition counseling	8	5.6	5	3.7	+1.9	5	4.4	+1.2
# specific nutrition education provided	24	16.9	20	14.8	+2.1	18	15.9	+1.0
# w/exercise educ	11	7.7	8	5.9	+1.8	7	6.2	+1.6
# w/ other exec or nutrition educ	24	16.9	14	10.4	+6.5	6	5.3	+11.6
# Female Obese Active Clinical pts =>6	206		187			147		
# w/medical nutrition counseling	13	6.3	6	3.2	+3.1	10	6.8	-0.5
# specific nutrition education provided	32	15.5	30	16.0	-0.5	28	19.0	-3.5
# w/exercise educ	13	6.3	14	7.5	-1.2	14	9.5	-3.2
# w/ other exec or nutrition educ	20	9.7	27	14.4	-4.7	8	5.4	+4.3

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

# Active Diabetics	109		95			87		
# w/medical nutrition counseling	14	12.8	4	4.2	+8.6	9	10.3	+2.5
# specific nutrition education provided	34	31.2	40	42.1	-10.9	43	49.4	-18.2
# w/exercise educ	9	8.3	24	25.3	-17.0	25	28.7	-20.5
# w/ other exec or nutrition educ	25	22.9	28	29.5	-6.5	17	19.5	+3.4
# Male Active Diabetics	51		45			38		
# w/medical nutrition counseling	7	13.7	2	4.4	+9.3	2	5.3	+8.5
# specific nutrition education provided	17	33.3	20	44.4	-11.1	20	52.6	-19.3
# w/exercise educ	4	7.8	10	22.2	-14.4	14	36.8	-29.0
# w/ other exec or nutrition educ	14	27.5	16	35.6	-8.1	12	31.6	-4.1
# Female Active Diabetics	58		50			49		
# w/medical nutrition counseling	7	12.1	2	4.0	+8.1	7	14.3	-2.2
# specific nutrition education provided	17	29.3	20	40.0	-10.7	23	46.9	-17.6
# w/exercise educ	5	8.6	14	28.0	-19.4	11	22.4	-13.8
# w/ other exec or nutrition educ	11	19.0	12	24.0	-5.0	5	10.2	+8.8

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Nutrition and Exercise Education for At Risk Patient (con't)

TOTAL OBESE ACTIVE CLINICAL POPULATION

	Age Distribution				
# Obese Active Clinical	6-11	12-19	20-39	40-59	=>60
CURRENT REPORT PERIOD					
# Obese Active Clinical	13	28	161	115	31
# Med Nutr Educ	0	1	9	8	3
% w/Med Nutr Educ	0.0	3.6	5.6	7.0	9.7
# w/spec nutr educ	0	3	20	25	8
% w/spec nutr ed	0.0	10.7	12.4	21.7	25.8
# w/exercise educ	0	1	8	10	5
% w/exercise ed	0.0	3.6	5.0	8.7	16.1
# w/other educ	0	3	18	16	7
% w/other educ	0.0	10.7	11.2	13.9	22.6
PREVIOUS YEAR PERIOD					
# Obese Active Clinical	14	26	135	115	32
# Med Nutr Educ	0	2	5	2	2
% w/Med Nutr Educ	0.0	7.7	3.7	1.7	6.3
# w/spec nutr educ	0	2	19	22	7
% w/spec nutr ed	0.0	7.7	14.1	19.1	21.9
# w/exercise educ	0	0	4	14	4
% w/exercise ed	0.0	0.0	3.0	12.2	12.5
# w/other educ	0	2	13	23	3
% w/other educ	0.0	7.7	9.6	20.0	9.4
CHANGE FROM PREV YR %					
Med Nutr Educ	+0.0	-4.1	+1.9	+5.2	+3.4
Spec nutr ed	+0.0	+3.0	-1.7	+2.6	+3.9
w/exercise ed	+0.0	+3.6	+2.0	-3.5	+3.6
w/other educ	+0.0	+3.0	+1.6	-6.1	+13.2

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Nutrition and Exercise Education for At Risk Patient (con't)

TOTAL OBESE ACTIVE CLINICAL POPULATION

	Age Distribution				
# Obese Active Clinical	6-11	12-19	20-39	40-59	=>60
BASELINE REPORT PERIOD					
# Obese Active Clinical	13	19	116	90	22
# Med Nutr Educ	1	1	7	4	2
% w/Med Nutr Educ	7.7	5.3	6.0	4.4	9.1
# w/spec nutr educ	1	1	14	21	9
% w/spec nutr ed	7.7	5.3	12.1	23.3	40.9
# w/exercise educ	0	1	4	13	3
% w/exercise ed	0.0	5.3	3.4	14.4	13.6
# w/other educ	0	0	3	9	2
% w/other educ	0.0	0.0	2.6	10.0	9.1
CHANGE FROM BASE YR %					
Med Nutr Educ	-7.7	-1.7	-0.4	+2.5	+0.6
Spec nutr ed	-7.7	+5.5	+0.4	-1.6	-15.1
w/exercise ed	+0.0	-1.7	+1.5	-5.7	+2.5
w/other educ	+0.0	+10.7	+8.6	+3.9	+13.5

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Nutrition and Exercise Education for At Risk Patient (con't)

MALE OBESE ACTIVE CLINICAL POPULATION

	Age Distribution				
MALE Obese Active Clinical	6-11	12-19	20-39	40-59	=>60
CURRENT REPORT PERIOD					
MALE Obese Active Clinical	8	14	57	46	17
# Med Nutr Educ	0	1	3	3	1
% w/Med Nutr Educ	0.0	7.1	5.3	6.5	5.9
# w/spec nutr educ	0	2	8	9	5
% w/spec nutr ed	0.0	14.3	14.0	19.6	29.4
# w/exercise educ	0	0	3	4	4
% w/exercise ed	0.0	0.0	5.3	8.7	23.5
# w/other educ	0	1	11	8	4
% w/other educ	0.0	7.1	19.3	17.4	23.5
PREVIOUS YEAR PERIOD					
MALE Obese Active Clinical	7	10	48	57	13
# Med Nutr Educ	0	1	2	1	1
% w/Med Nutr Educ	0.0	10.0	4.2	1.8	7.7
# w/spec nutr educ	0	1	7	9	3
% w/spec nutr ed	0.0	10.0	14.6	15.8	23.1
# w/exercise educ	0	0	2	5	1
% w/exercise ed	0.0	0.0	4.2	8.8	7.7
# w/other educ	0	0	3	9	2
% w/other educ	0.0	0.0	6.3	15.8	15.4
CHANGE FROM PREV YR %					
Med Nutr Educ	+0.0	-2.9	+1.1	+4.8	-1.8
Spec nutr ed	+0.0	+4.3	-0.5	+3.8	+6.3
w/exercise ed	+0.0	+0.0	+1.1	-0.1	+15.8
w/other educ	+0.0	+7.1	+13.0	+1.6	+8.1

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Nutrition and Exercise Education for At Risk Patient (con't)

MALE OBESE ACTIVE CLINICAL POPULATION

	Age Distribution				
MALE Obese Active Clinical	6-11	12-19	20-39	40-59	=>60
BASELINE REPORT PERIOD					
MALE Obese Active Clinical	10	9	40	40	14
# Med Nutr Educ	1	1	0	2	1
% w/Med Nutr Educ	10.0	11.1	0.0	5.0	7.1
# w/spec nutr educ	1	1	3	8	5
% w/spec nutr ed	10.0	11.1	7.5	20.0	35.7
# w/exercise educ	0	0	0	5	2
% w/exercise ed	0.0	0.0	0.0	12.5	14.3
# w/other educ	0	0	1	4	1
% w/other educ	0.0	0.0	2.5	10.0	7.1
CHANGE FROM BASE YR %					
Med Nutr Educ	-10.0	-4.0	+5.3	+1.5	-1.3
Spec nutr ed	-10.0	+3.2	+6.5	-0.4	-6.3
w/exercise ed	+0.0	+0.0	+5.3	-3.8	+9.2
w/other educ	+0.0	+7.1	+16.8	+7.4	+16.4

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Nutrition and Exercise Education for At Risk Patient (con't)

FEMALE OBESE ACTIVE CLINICAL POPULATION

	Age Distribution				
FEMALE Obese Active Clinical	6-11	12-19	20-39	40-59	=>60
CURRENT REPORT PERIOD					
FEMALE Obese Active Clinical	5	14	104	69	14
# Med Nutr Educ	0	0	6	5	2
% w/Med Nutr Educ	0.0	0.0	5.8	7.2	14.3
# w/spec nutr educ	0	1	12	16	3
% w/spec nutr ed	0.0	7.1	11.5	23.2	21.4
# w/exercise educ	0	1	5	6	1
% w/exercise ed	0.0	7.1	4.8	8.7	7.1
# w/other educ	0	2	7	8	3
% w/other educ	0.0	14.3	6.7	11.6	21.4
PREVIOUS YEAR PERIOD					
FEMALE Obese Active Clinical	7	16	87	58	19
# Med Nutr Educ	0	1	3	1	1
% w/Med Nutr Educ	0.0	6.3	3.4	1.7	5.3
# w/spec nutr educ	0	1	12	13	4
% w/spec nutr ed	0.0	6.3	13.8	22.4	21.1
# w/exercise educ	0	0	2	9	3
% w/exercise ed	0.0	0.0	2.3	15.5	15.8
# w/other educ	0	2	10	14	1
% w/other educ	0.0	12.5	11.5	24.1	5.3
CHANGE FROM PREV YR %					
Med Nutr Educ	+0.0	-6.3	+2.3	+5.5	+9.0
Spec nutr ed	+0.0	+0.9	-2.3	+0.8	+0.4
w/exercise ed	+0.0	+7.1	+2.5	-6.8	-8.6
w/other educ	+0.0	+1.8	-4.8	-12.5	+16.2

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Nutrition and Exercise Education for At Risk Patient (con't)

FEMALE OBESE ACTIVE CLINICAL POPULATION

Age Distribution

FEMALE Obese Active Clinical	6-11	12-19	20-39	40-59	=>60
BASELINE REPORT PERIOD					
FEMALE Obese Active Clinical	3	10	76	50	8
# Med Nutr Educ	0	0	7	2	1
% w/Med Nutr Educ	0.0	0.0	9.2	4.0	12.5
# w/spec nutr educ	0	0	11	13	4
% w/spec nutr ed	0.0	0.0	14.5	26.0	50.0
# w/exercise educ	0	1	4	8	1
% w/exercise ed	0.0	10.0	5.3	16.0	12.5
# w/other educ	0	0	2	5	1
% w/other educ	0.0	0.0	2.6	10.0	12.5
CHANGE FROM BASE YR %					
Med Nutr Educ	+0.0	+0.0	-3.4	+3.2	+1.8
Spec nutr ed	+0.0	+7.1	-2.9	-2.8	-28.6
w/exercise ed	+0.0	-2.9	-0.5	-7.3	-5.4
w/other educ	+0.0	+14.3	+4.1	+1.6	+8.9

Cardiovascular Disease and Cholesterol Screening

Denominator(s):
Active Clinical patients ages 23 and older, broken down by gender.
User Population patients ages 23 and older, broken down by gender.
Active IHD patients, defined as all Active Clinical patients diagnosed with ischemic heart disease (IHD) prior to the Report Period, AND at least 2 visits during the Report Period, AND 2 IHD-related visits ever. Broken down by gender.

Numerator(s):
Patients with documented blood total cholesterol screening any time in the past 5 years.
A. Patients with high total cholesterol levels, defined as equal to or greater than (=>) 240.
Patients with LDL completed in the past 5 years, regardless of result.
A. Patients with LDL <= 100
B. Patients with LDL 101-130
C. Patients with LDL 131-160
D. Patients with LDL > 160

Logic:
Age is calculated at the beginning of the Report period.

Ischemic Heart Disease (IHD) diagnosis defined as: 410.0-412.*, 414.0-414.9, 428.* or 429.2 recorded in the V POV file.

Searches for most recent cholesterol test with a result during the Report Period. If none found, CRS searches for the most recent cholesterol test without a result. Total Cholesterol definition: CPT 82465; LOINC taxonomy ; site-populated taxonomy DM AUDIT CHOLESTEROL TAX.

Searches for most recent LDL test with a result during the Report Period. If none found, CRS searches for the most recent LDL test without a result. LDL Definition: CPT 80061, 83700, 83701, 83704, 83715 (old code), 83716 (old code), 83721, 3048F, 3049F, 3050F; LOINC taxonomy; site-populated taxonomy DM AUDIT LDL CHOLESTEROL TAX. For numerator LDL =<100, CPT 3048F will count as meeting the measure.

Performance Measure Description:
Increase the rate of patients ages 23 and older who have received blood cholesterol screening.

Past Performance and/or Target:
IHS Performance: FY 2006 - 48.0%, FY 2005 - 43.0%
Chol Screen: HP 1998 baseline: 67%; HP 2010 target: 80%; High Cholesterol: HP2010 target: 17%

Source:

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

HP 2010 12-14, 12-15

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts => 23	872		622			568		
# w/ Total Cholesterol screen w/in 5 yrs	243	27.9	217	34.9	-7.0	201	35.4	-7.5
A. # w/ High Chol =>240 w/ % of Total Chol Screen	20	8.2	23	10.6	-2.4	28	13.9	-5.7
# w/LDL done in past 5 yrs	228	26.1	184	29.6	-3.4	114	20.1	+6.1
A. # w/LDL =<100 w/ % of Total LDL Screen	105	46.1	95	51.6	-5.6	45	39.5	+6.6
B. # w/LDL 101-130 w/ % of Total LDL Screen	69	30.3	43	23.4	+6.9	35	30.7	-0.4
C. # w/LDL 131-160 w/ % of Total LDL Screen	25	11.0	24	13.0	-2.1	12	10.5	+0.4
D. # w/LDL >160 w/ % of Total LDL Screen	11	4.8	9	4.9	-0.1	10	8.8	-3.9

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Cardiovascular Disease and Cholesterol Screening (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Male Active Clinical Pts =>23	350		245			219		
# w/ Total Cholesterol screen w/in 5 yrs	104	29.7	97	39.6	-9.9	85	38.8	-9.1
A. # w/ High Chol =>240 w/ % of Total Chol Screen	11	10.6	14	14.4	-3.9	8	9.4	+1.2
# w/LDL done in past 5 yrs	104	29.7	91	37.1	-7.4	59	26.9	+2.8
A. # w/LDL =<100 w/ % of Total LDL Screen	53	51.0	46	50.5	+0.4	22	37.3	+13.7
B. # w/LDL 101-130 w/ % of Total LDL Screen	24	23.1	17	18.7	+4.4	18	30.5	-7.4
C. # w/LDL 131-160 w/ % of Total LDL Screen	7	6.7	11	12.1	-5.4	4	6.8	-0.0
D. # w/LDL >160 w/ % of Total LDL Screen	8	7.7	8	8.8	-1.1	4	6.8	+0.9

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Cardiovascular Disease and Cholesterol Screening (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Female Active Clinical Pts =>23	522		377			349		
# w/ Total Cholesterol screen w/in 5 yrs	139	26.6	120	31.8	-5.2	116	33.2	-6.6
A. # w/ High Chol =>240 w/ % of Total Chol Screen	9	6.5	9	7.5	-1.0	20	17.2	-10.8
# w/LDL done in past 5 yrs	124	23.8	93	24.7	-0.9	55	15.8	+8.0
A. # w/LDL =<100 w/ % of Total LDL Screen	52	41.9	49	52.7	-10.8	23	41.8	+0.1
B. # w/LDL 101-130 w/ % of Total LDL Screen	45	36.3	26	28.0	+8.3	17	30.9	+5.4
C. # w/LDL 131-160 w/ % of Total LDL Screen	18	14.5	13	14.0	+0.5	8	14.5	-0.0
D. # w/LDL >160 w/ % of Total LDL Screen	3	2.4	1	1.1	+1.3	6	10.9	-8.5

*** IHS 2008 Selected Measures with Community Specified Report ***
DEMO INDIAN HOSPITAL
Report Period: Jan 01, 2007 to Dec 31, 2007
Previous Year Period: Jan 01, 2006 to Dec 31, 2006
Baseline Period: Jan 01, 2000 to Dec 31, 2000

Cardiovascular Disease and Cholesterol Screening (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
User Population => 23	1,678		1,278			1,206		
# w/ Total Cholesterol screen w/in 5 yrs	265	15.8	240	18.8	-3.0	216	17.9	-2.1
A. # w/ High Chol =>240 w/ % of Total Chol Screen	22	8.3	26	10.8	-2.5	33	15.3	-7.0
# w/LDL done in past 5 yrs	246	14.7	194	15.2	-0.5	116	9.6	+5.0
A. # w/LDL =<100 w/ % of Total LDL Screen	109	44.3	99	51.0	-6.7	46	39.7	+4.7
B. # w/LDL 101-130 w/ % of Total LDL Screen	76	30.9	47	24.2	+6.7	35	30.2	+0.7
C. # w/LDL 131-160 w/ % of Total LDL Screen	28	11.4	26	13.4	-2.0	13	11.2	+0.2
D. # w/LDL >160 w/ % of Total LDL Screen	12	4.9	9	4.6	+0.2	10	8.6	-3.7

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Cardiovascular Disease and Cholesterol Screening (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Male User Pop								
Pts =>23	753		550			524		
# w/ Total Cholesterol screen w/in 5 yrs	114	15.1	109	19.8	-4.7	89	17.0	-1.8
A. # w/ High Chol =>240 w/ % of Total Chol Screen	12	10.5	15	13.8	-3.2	10	11.2	-0.7
# w/LDL done in past 5 yrs	112	14.9	97	17.6	-2.8	60	11.5	+3.4
A. # w/LDL =<100 w/ % of Total LDL Screen	54	48.2	48	49.5	-1.3	22	36.7	+11.5
B. # w/LDL 101-130 w/ % of Total LDL Screen	26	23.2	19	19.6	+3.6	18	30.0	-6.8
C. # w/LDL 131-160 w/ % of Total LDL Screen	9	8.0	13	13.4	-5.4	5	8.3	-0.3
D. # w/LDL >160 w/ % of Total LDL Screen	9	8.0	8	8.2	-0.2	4	6.7	+1.4

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Cardiovascular Disease and Cholesterol Screening (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Female User Pop Pts =>23	925		728			682		
# w/ Total Cholesterol screen w/in 5 yrs	151	16.3	131	18.0	-1.7	127	18.6	-2.3
A. # w/ High Chol =>240 w/ % of Total Chol Screen	10	6.6	11	8.4	-1.8	23	18.1	-11.5
# w/LDL done in past 5 yrs	134	14.5	97	13.3	+1.2	56	8.2	+6.3
A. # w/LDL =<100 w/ % of Total LDL Screen	55	41.0	51	52.6	-11.5	24	42.9	-1.8
B. # w/LDL 101-130 w/ % of Total LDL Screen	50	37.3	28	28.9	+8.4	17	30.4	+7.0
C. # w/LDL 131-160 w/ % of Total LDL Screen	19	14.2	13	13.4	+0.8	8	14.3	-0.1
D. # w/LDL >160 w/ % of Total LDL Screen	3	2.2	1	1.0	+1.2	6	10.7	-8.5

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Cardiovascular Disease and Cholesterol Screening (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active IHD Pts	58		44			36		
# w/ Total Cholesterol screen w/in 5 yrs	48	82.8	40	90.9	-8.2	35	97.2	-14.5
A. # w/ High Chol =>240 w/ % of Total Chol Screen	3	6.3	3	7.5	-1.3	5	14.3	-8.0
# w/LDL done in past 5 yrs	49	84.5	38	86.4	-1.9	30	83.3	+1.1
A. # w/LDL =<100 w/ % of Total LDL Screen	25	51.0	21	55.3	-4.2	14	46.7	+4.4
B. # w/LDL 101-130 w/ % of Total LDL Screen	12	24.5	6	15.8	+8.7	7	23.3	+1.2
C. # w/LDL 131-160 w/ % of Total LDL Screen	5	10.2	5	13.2	-3.0	2	6.7	+3.5
D. # w/LDL >160 w/ % of Total LDL Screen	0	0.0	1	2.6	-2.6	3	10.0	-10.0

*** IHS 2008 Selected Measures with Community Specified Report ***
DEMO INDIAN HOSPITAL
Report Period: Jan 01, 2007 to Dec 31, 2007
Previous Year Period: Jan 01, 2006 to Dec 31, 2006
Baseline Period: Jan 01, 2000 to Dec 31, 2000

Cardiovascular Disease and Cholesterol Screening (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Male Active IHD Pts	35		26			22		
# w/ Total Cholesterol screen w/in 5 yrs	31	88.6	24	92.3	-3.7	21	95.5	-6.9
A. # w/ High Chol =>240 w/ % of Total Chol Screen	2	6.5	1	4.2	+2.3	1	4.8	+1.7
# w/LDL done in past 5 yrs	31	88.6	23	88.5	+0.1	18	81.8	+6.8
A. # w/LDL =<100 w/ % of Total LDL Screen	17	54.8	12	52.2	+2.7	9	50.0	+4.8
B. # w/LDL 101-130 w/ % of Total LDL Screen	6	19.4	4	17.4	+2.0	3	16.7	+2.7
C. # w/LDL 131-160 w/ % of Total LDL Screen	4	12.9	4	17.4	-4.5	1	5.6	+7.3
D. # w/LDL >160 w/ % of Total LDL Screen	0	0.0	0	0.0	+0.0	1	5.6	-5.6

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Cardiovascular Disease and Cholesterol Screening (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Female Active IHD Pts	23		18			14		
# w/ Total Cholesterol screen w/in 5 yrs	17	73.9	16	88.9	-15.0	14	100.0	-26.1
A. # w/ High Chol =>240 w/ % of Total Chol Screen	1	5.9	2	12.5	-6.6	4	28.6	-22.7
# w/LDL done in past 5 yrs	18	78.3	15	83.3	-5.1	12	85.7	-7.5
A. # w/LDL =<100 w/ % of Total LDL Screen	8	44.4	9	60.0	-15.6	5	41.7	+2.8
B. # w/LDL 101-130 w/ % of Total LDL Screen	6	33.3	2	13.3	+20.0	4	33.3	+0.0
C. # w/LDL 131-160 w/ % of Total LDL Screen	1	5.6	1	6.7	-1.1	1	8.3	-2.8
D. # w/LDL >160 w/ % of Total LDL Screen	0	0.0	1	6.7	-6.7	2	16.7	-16.7

Cardiovascular Disease and Blood Pressure Control

Denominator(s):
All Active Clinical patients ages 20 and over, broken down by gender.
All User Population patients ages 20 and older, broken down by gender.
Active IHD patients, defined as all Active Clinical patients diagnosed with ischemic heart disease (IHD) prior to the Report Period, AND at least 2 visits during the Report Period, AND 2 IHD-related visits ever. Broken down by gender.

Numerator(s):
Patients with Blood Pressure value documented at least twice in prior two years.
A. Patients with normal Blood Pressure (BP), defined as < 120/80, i.e., the mean systolic value is less than (<) 120 AND the mean diastolic value is less than (<) 80.
B. Patients with Pre Hypertension I BP, defined as => 120/80 and < 130/80, i.e., the mean systolic value is equal to or greater than (=>) 120 and less than (<) 130 AND the mean diastolic value is equal to 80.
C. Patients with Pre Hypertension II BP, defined as => 130/80 and <140/90, i.e., the mean systolic value is equal to or greater than (=>) 130 and less than (<) 140 AND the mean diastolic value is equal to or greater than (=>) 80 and less than (<) 90.
D. Patients with Stage 1 Hypertension Blood Pressure (BP), defined as => 140/90 and <160/100, i.e., the mean systolic value is equal to or greater than (=>) 140 and less than (<) 160 AND the mean diastolic value is equal to or greater than (=>) 90 and less than (<) 100.
E. Patients with Stage 2 Hypertension BP, defined as => 160/100, i.e., the mean systolic value is equal to or greater than (=>) 160 AND the mean diastolic value is equal to or greater than (=>) 100.

Logic:
Age of the patient is calculated at beginning of the Report period.

Ischemic Heart Disease (IHD) diagnosis defined as: 410.0-412.*, 414.0-414.9, 428.* or 429.2 recorded in the V POV file.

CRS uses mean of last 3 Blood Pressures documented on non-ER visits in the past two years. If 3 BPs are not available, uses mean of last 2 non-ER BPs. If a visit contains more than 1 BP, the lowest BP will be used, defined as having the lowest systolic value. The mean Systolic value is calculated by adding the last 3 (or 2) systolic values and dividing by 3 (or 2). The mean Diastolic value is calculated by adding the diastolic values from the last 3 (or 2) blood pressures and dividing by 3 (or 2). If the systolic and diastolic values do not BOTH meet the current category, then the value that is least controlled determines the category.

*** IHS 2008 Selected Measures with Community Specified Report ***
DEMO INDIAN HOSPITAL
Report Period: Jan 01, 2007 to Dec 31, 2007
Previous Year Period: Jan 01, 2006 to Dec 31, 2006
Baseline Period: Jan 01, 2000 to Dec 31, 2000

For the BP documented numerator only, if CRS is not able to calculate a mean BP, it will search for CPT 3077F or 3080F during the Report Period.

Performance Measure Description:
Increase the proportion of patients ages 20 and older whose blood pressure has been assessed in past two years and increase the proportion of individuals with known ischemic heart disease and appropriate BP assessment.

Past Performance and/or Target:
High Blood Pressure (140/90) Performance: HP 2010 Goal: 16%

BP Assessed: IHS 2010 Goal: 95%

Source:
HP 2010 12-9, 12-10, 12-12

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Patients ages 20 and older	946		694			639		
# w/ BPs documented	596	63.0	551	79.4	-16.4	478	74.8	-11.8
A. # w/Normal BP w/ % of Total Screened Screen	130	21.8	133	24.1	-2.3	121	25.3	-3.5
B. # w/Pre HTN I BP w/ % of Total Screened	101	16.9	112	20.3	-3.4	83	17.4	-0.4
C. # w/Pre HTN II BP w/ % of Total Screened	147	24.7	117	21.2	+3.4	105	22.0	+2.7
D. # w/Stage 1 HTN BP w/ % of Total Screened	170	28.5	150	27.2	+1.3	130	27.2	+1.3
E. # w/Stage 2 HTN BP w/ % of Total Screened	39	6.5	39	7.1	-0.5	39	8.2	-1.6

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Cardiovascular Disease and Blood Pressure Control (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Male Active Clinical Patients ages 20 and older	374		265			240		
# w/ BPs documented	207	55.3	201	75.8	-20.5	177	73.8	-18.4
A. # w/Normal BP w/ % of Total Screened	9	4.3	22	10.9	-6.6	22	12.4	-8.1
B. # w/Pre HTN I BP w/ % of Total Screened	22	10.6	36	17.9	-7.3	22	12.4	-1.8
C. # w/Pre HTN II BP w/ % of Total Screened	67	32.4	47	23.4	+9.0	45	25.4	+6.9
D. # w/Stage 1 HTN BP w/ % of Total Screened	86	41.5	79	39.3	+2.2	63	35.6	+6.0
E. # w/Stage 2 HTN BP w/ % of Total Screened	17	8.2	17	8.5	-0.2	25	14.1	-5.9
Female Active Clinical Patients ages 20 and older	572		429			399		
# w/ BPs documented	389	68.0	350	81.6	-13.6	301	75.4	-7.4
A. # w/Normal BP w/ % of Total Screened	121	31.1	111	31.7	-0.6	99	32.9	-1.8
B. # w/Pre HTN I BP w/ % of Total Screened	79	20.3	76	21.7	-1.4	61	20.3	+0.0
C. # w/Pre HTN II BP w/ % of Total Screened	80	20.6	70	20.0	+0.6	60	19.9	+0.6
D. # w/Stage 1 HTN BP w/ % of Total Screened	84	21.6	71	20.3	+1.3	67	22.3	-0.7
E. # w/Stage 2 HTN BP w/ % of Total Screened	22	5.7	22	6.3	-0.6	14	4.7	+1.0

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Cardiovascular Disease and Blood Pressure Control (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
User Pop Patients ages 20 and older	1,841		1,427			1,343		
# w/ BPs documented	644	35.0	596	41.8	-6.8	513	38.2	-3.2
A. # w/Normal BP w/ % of Total Screened	141	21.9	148	24.8	-2.9	136	26.5	-4.6
B. # w/Pre HTN I BP w/ % of Total Screened	112	17.4	117	19.6	-2.2	89	17.3	+0.0
C. # w/Pre HTN II BP w/ % of Total Screened	161	25.0	131	22.0	+3.0	109	21.2	+3.8
D. # w/Stage 1 HTN BP w/ % of Total Screened	179	27.8	159	26.7	+1.1	138	26.9	+0.9
E. # w/Stage 2 HTN BP w/ % of Total Screened	42	6.5	41	6.9	-0.4	41	8.0	-1.5
Male User Pop Patients ages 20 and older	824		616			579		
# w/ BPs documented	221	26.8	213	34.6	-7.8	180	31.1	-4.3
A. # w/Normal BP w/ % of Total Screened	10	4.5	24	11.3	-6.7	23	12.8	-8.3
B. # w/Pre HTN I BP w/ % of Total Screened	25	11.3	36	16.9	-5.6	22	12.2	-0.9
C. # w/Pre HTN II BP w/ % of Total Screened	69	31.2	51	23.9	+7.3	45	25.0	+6.2
D. # w/Stage 1 HTN BP w/ % of Total Screened	93	42.1	84	39.4	+2.6	65	36.1	+6.0
E. # w/Stage 2 HTN BP w/ % of Total Screened	18	8.1	18	8.5	-0.3	25	13.9	-5.7

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Cardiovascular Disease and Blood Pressure Control (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Female User Pop Patients ages 20 and older	1,017		811			764		
# w/ BPs documented	423	41.6	383	47.2	-5.6	333	43.6	-2.0
A. # w/Normal BP w/ % of Total Screened	131	31.0	124	32.4	-1.4	113	33.9	-3.0
B. # w/Pre HTN I BP w/ % of Total Screened	87	20.6	81	21.1	-0.6	67	20.1	+0.4
C. # w/Pre HTN II BP w/ % of Total Screened	92	21.7	80	20.9	+0.9	64	19.2	+2.5
D. # w/Stage 1 HTN BP w/ % of Total Screened	86	20.3	75	19.6	+0.7	73	21.9	-1.6
E. # w/Stage 2 HTN BP w/ % of Total Screened	24	5.7	23	6.0	-0.3	16	4.8	+0.9
Active IHD Pts	58		44			36		
# w/ BPs documented	56	96.6	44	100.0	-3.4	36	100.0	-3.4
A. # w/Normal BP w/ % of Total Screened	9	16.1	5	11.4	+4.7	5	13.9	+2.2
B. # w/Pre HTN I BP w/ % of Total Screened	3	5.4	12	27.3	-21.9	7	19.4	-14.1
C. # w/Pre HTN II BP w/ % of Total Screened	23	41.1	10	22.7	+18.3	11	30.6	+10.5
D. # w/Stage 1 HTN BP w/ % of Total Screened	14	25.0	13	29.5	-4.5	6	16.7	+8.3
E. # w/Stage 2 HTN BP w/ % of Total Screened	2	3.6	4	9.1	-5.5	7	19.4	-15.9

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Cardiovascular Disease and Blood Pressure Control (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Male Active IHD Pts	35		26			22		
# w/ BPs documented	34	97.1	26	100.0	-2.9	22	100.0	-2.9
A. # w/Normal BP w/ % of Total Screened	4	11.8	2	7.7	+4.1	3	13.6	-1.9
B. # w/Pre HTN I BP w/ % of Total Screened	2	5.9	7	26.9	-21.0	3	13.6	-7.8
C. # w/Pre HTN II BP w/ % of Total Screened	13	38.2	9	34.6	+3.6	10	45.5	-7.2
D. # w/Stage 1 HTN BP w/ % of Total Screened	9	26.5	8	30.8	-4.3	3	13.6	+12.8
E. # w/Stage 2 HTN BP w/ % of Total Screened	2	5.9	0	0.0	+5.9	3	13.6	-7.8
Female Active IHD Pts	23		18			14		
# w/ BPs documented	22	95.7	18	100.0	-4.3	14	100.0	-4.3
A. # w/Normal BP w/ % of Total Screened	5	22.7	3	16.7	+6.1	2	14.3	+8.4
B. # w/Pre HTN I BP w/ % of Total Screened	1	4.5	5	27.8	-23.2	4	28.6	-24.0
C. # w/Pre HTN II BP w/ % of Total Screened	10	45.5	1	5.6	+39.9	1	7.1	+38.3
D. # w/Stage 1 HTN BP w/ % of Total Screened	5	22.7	5	27.8	-5.1	3	21.4	+1.3
E. # w/Stage 2 HTN BP w/ % of Total Screened	0	0.0	4	22.2	-22.2	4	28.6	-28.6

Controlling High Blood Pressure

Denominator(s):
Active Clinical patients ages 18 through 85 diagnosed with hypertension and no documented history of ESRD, broken down by age and gender.

Numerator(s):
Number of patients with Blood Pressure value documented during the Report period.
A. Patients with normal Blood Pressure (BP), defined as < 120/80, i.e., the mean systolic value is less than (<) 120 AND the mean diastolic value is less than (<) 80.
B. Patients with Pre Hypertension I BP, defined as => 120/80 and < 130/80, i.e., the mean systolic value is equal to or greater than (=>) 120 and less than (<) 130 AND the mean diastolic value is equal to 80.
C. Patients with Pre Hypertension II BP, defined as => 130/80 and <140/90, i.e., the mean systolic value is equal to or greater than (=>) 130 and less than (<) 140 AND the mean diastolic value is equal to or greater than (=>) 80 and less than (<) 90.
D. Patients with Stage 1 Hypertension Blood Pressure (BP), defined as => 140/90 and <160/100, i.e., the mean systolic value is equal to or greater than (=>) 140 and less than (<) 160 AND the mean diastolic value is equal to or greater than (=>) 90 and less than (<) 100.
E. Patients with Stage 2 Hypertension BP, defined as => 160/100, i.e., the mean systolic value is equal to or greater than (=>) 160 AND the mean diastolic value is equal to or greater than (=>) 100.

Logic:
Age of the patient is calculated at beginning of the Report period.

End Stage Renal Disease diagnosis/treatment defined as any of the following ever: A) V CPT 36145, 36800, 36810, 36815, 36818, 36819, 36820, 36821, 36831-36833, 50300, 50320, 50340, 50360, 50365, 50370, 50380, 90918-90925, 90935, 90937, 90939, 90940, 90945, 90947, 90989, 90993, 90997, 90999, 99512, G0257, G0308-G0327, or S9339; B) V POV 585.5, 585.6, V42.0, V45.1, or V56.*; C) V Procedure 38.95, 39.27, 39.42, 39.43, 39.53, 39.93-39.95, 54.98, or 55.6*.

Hypertension is defined as diagnosis (POV or problem list) 401.* prior to the Report period, and at least one hypertension POV during the Report period.

CRS uses mean of last 3 Blood Pressures documented on non-ER visits during the Report Period. If 3 BPs are not available, uses mean of last 2 non-ER BPs. If a visit contains more than 1 BP, the lowest BP will be used, defined as having the lowest systolic value. The mean Systolic value is calculated by adding the last 3 (or 2) systolic values and

dividing by 3 (or 2). The mean Diastolic value is calculated by adding the diastolic values from the last 3 (or 2) blood pressures and dividing by 3 (or 2). If the systolic and diastolic values do not BOTH meet the current category, then the value that is least controlled determines the category.

For the BP documented numerator only, if CRS is not able to calculate a mean BP, it will search for CPT 3077F or 3080F during the Report Period.

Performance Measure Description:
Increase the percentage of enrolled members 18-85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (less than 140/90) during the measurement year.

Past Performance and/or Target:
HP 2010 Goal to Reduce Rate of Adults w/High BP: 14%, HP 2010 Goal for Adults w/High BP w/Controlled BP: 68%

BP Assessed: IHS 2010 Goal: 95%

Source:
HP 2010 12-9, 12-10, 12-12

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	BASE % PERIOD	%	CHG from BASE %
Active Clinical Pts 18-85 w/HTN dx	106		100			91		
# w/ BPs documented	106	100.0	100	100.0	+0.0	90	98.9	+1.1
A. # w/Normal BP w/ % of Total Screened	7	6.6	6	6.0	+0.6	4	4.4	+2.2
B. # w/Pre HTN I BP w/ % of Total Screened	10	9.4	16	16.0	-6.6	8	8.9	+0.5
C. # w/Pre HTN II BP w/ % of Total Screened	30	28.3	21	21.0	+7.3	20	22.2	+6.1
D. # w/Stage 1 HTN BP w/ % of Total Screened	43	40.6	42	42.0	-1.4	42	46.7	-6.1
E. # w/Stage 2 HTN BP w/ % of Total Screened	14	13.2	15	15.0	-1.8	16	17.8	-4.6

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Controlling High Blood Pressure (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
A. Active Clinical patients ages 18 through 45	24		18			13		
# w/ BPs documented	24	100.0	18	100.0	+0.0	13	100.0	+0.0
A. # w/Normal BP w/ % of Total Screened	1	4.2	2	11.1	-6.9	1	7.7	-3.5
B. # w/Pre HTN I BP w/ % of Total Screened	3	12.5	1	5.6	+6.9	1	7.7	+4.8
C. # w/Pre HTN II BP w/ % of Total Screened	5	20.8	3	16.7	+4.2	2	15.4	+5.4
D. # w/Stage 1 HTN BP w/ % of Total Screened	11	45.8	7	38.9	+6.9	7	53.8	-8.0
E. # w/Stage 2 HTN BP w/ % of Total Screened	4	16.7	5	27.8	-11.1	2	15.4	+1.3
B. Active Clinical patients ages 46 through 85	82		82			78		
# w/ BPs documented	82	100.0	82	100.0	+0.0	77	98.7	+1.3
A. # w/Normal BP w/ % of Total Screened	6	7.3	4	4.9	+2.4	3	3.9	+3.4
B. # w/Pre HTN I BP w/ % of Total Screened	7	8.5	15	18.3	-9.8	7	9.1	-0.6
C. # w/Pre HTN II BP w/ % of Total Screened	25	30.5	18	22.0	+8.5	18	23.4	+7.1
D. # w/Stage 1 HTN BP w/ % of Total Screened	32	39.0	35	42.7	-3.7	35	45.5	-6.4
E. # w/Stage 2 HTN BP w/ % of Total Screened	10	12.2	10	12.2	+0.0	14	18.2	-6.0

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Controlling High Blood Pressure (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Male Active Clinical Pts 18-85 w/HTN	51		50			46		
# w/ BPs documented	51	100.0	50	100.0	+0.0	45	97.8	+2.2
A. # w/Normal BP w/ % of Total Screened	1	2.0	4	8.0	-6.0	3	6.7	-4.7
B. # w/Pre HTN I BP w/ % of Total Screened	3	5.9	8	16.0	-10.1	3	6.7	-0.8
C. # w/Pre HTN II BP w/ % of Total Screened	12	23.5	13	26.0	-2.5	14	31.1	-7.6
D. # w/Stage 1 HTN BP w/ % of Total Screened	24	47.1	18	36.0	+11.1	17	37.8	+9.3
E. # w/Stage 2 HTN BP w/ % of Total Screened	9	17.6	7	14.0	+3.6	8	17.8	-0.1
A. Male AC Pts 18-45 w/HTN dx	12		8			7		
# w/ BPs documented	12	100.0	8	100.0	+0.0	7	100.0	+0.0
A. # w/Normal BP w/ % of Total Screened	0	0.0	1	12.5	-12.5	1	14.3	-14.3
B. # w/Pre HTN I BP w/ % of Total Screened	2	16.7	1	12.5	+4.2	0	0.0	+16.7
C. # w/Pre HTN II BP w/ % of Total Screened	1	8.3	2	25.0	-16.7	2	28.6	-20.2
D. # w/Stage 1 HTN BP w/ % of Total Screened	6	50.0	2	25.0	+25.0	2	28.6	+21.4
E. # w/Stage 2 HTN BP w/ % of Total Screened	3	25.0	2	25.0	+0.0	2	28.6	-3.6

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Controlling High Blood Pressure (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
B. Male AC Pts 46-85 w/HTN dx	39		42			39		
# w/ BPs documented	39	100.0	42	100.0	+0.0	38	97.4	+2.6
A. # w/Normal BP w/ % of Total Screened	1	2.6	3	7.1	-4.6	2	5.3	-2.7
B. # w/Pre HTN I BP w/ % of Total Screened	1	2.6	7	16.7	-14.1	3	7.9	-5.3
C. # w/Pre HTN II BP w/ % of Total Screened	11	28.2	11	26.2	+2.0	12	31.6	-3.4
D. # w/Stage 1 HTN BP w/ % of Total Screened	18	46.2	16	38.1	+8.1	15	39.5	+6.7
E. # w/Stage 2 HTN BP w/ % of Total Screened	6	15.4	5	11.9	+3.5	6	15.8	-0.4
Female Active Clinical Pts 18-85 w/HTN	55		50			45		
# w/ BPs documented	55	100.0	50	100.0	+0.0	45	100.0	+0.0
A. # w/Normal BP w/ % of Total Screened	6	10.9	2	4.0	+6.9	1	2.2	+8.7
B. # w/Pre HTN I BP w/ % of Total Screened	7	12.7	8	16.0	-3.3	5	11.1	+1.6
C. # w/Pre HTN II BP w/ % of Total Screened	18	32.7	8	16.0	+16.7	6	13.3	+19.4
D. # w/Stage 1 HTN BP w/ % of Total Screened	19	34.5	24	48.0	-13.5	25	55.6	-21.0
E. # w/Stage 2 HTN BP w/ % of Total Screened	5	9.1	8	16.0	-6.9	8	17.8	-8.7

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Controlling High Blood Pressure (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
A. Female AC Pts 18-45 w/HTN dx	12		10			6		
# w/ BPs documented	12	100.0	10	100.0	+0.0	6	100.0	+0.0
A. # w/Normal BP w/ % of Total Screened	1	8.3	1	10.0	-1.7	0	0.0	+8.3
B. # w/Pre HTN I BP w/ % of Total Screened	1	8.3	0	0.0	+8.3	1	16.7	-8.3
C. # w/Pre HTN II BP w/ % of Total Screened	4	33.3	1	10.0	+23.3	0	0.0	+33.3
D. # w/Stage 1 HTN BP w/ % of Total Screened	5	41.7	5	50.0	-8.3	5	83.3	-41.7
E. # w/Stage 2 HTN BP w/ % of Total Screened	1	8.3	3	30.0	-21.7	0	0.0	+8.3
B. Female AC Pts 46-85 w/HTN dx	43		40			39		
# w/ BPs documented	43	100.0	40	100.0	+0.0	39	100.0	+0.0
A. # w/Normal BP w/ % of Total Screened	5	11.6	1	2.5	+9.1	1	2.6	+9.1
B. # w/Pre HTN I BP w/ % of Total Screened	6	14.0	8	20.0	-6.0	4	10.3	+3.7
C. # w/Pre HTN II BP w/ % of Total Screened	14	32.6	7	17.5	+15.1	6	15.4	+17.2
D. # w/Stage 1 HTN BP w/ % of Total Screened	14	32.6	19	47.5	-14.9	20	51.3	-18.7
E. # w/Stage 2 HTN BP w/ % of Total Screened	4	9.3	5	12.5	-3.2	8	20.5	-11.2

Comprehensive CVD-Related Assessment

Denominator(s):
GPRA Denominator: Active IHD patients ages 22 and older, defined as all Active Clinical patients diagnosed with ischemic heart disease (IHD) prior to the Report Period, AND at least 2 visits during the Report Period, AND 2 IHD-related visits ever.
A: Active IHD patients ages 22 and older who are not Active Diabetic.
B: Active IHD patients ages 22 and older who are Active Diabetic.

Numerator(s):
BP Assessed: Patients with Blood Pressure value documented at least twice in prior two years.
LDL Assessed: Patients with LDL completed in past five years, regardless of result.
Tobacco Use Assessed: Patients who have been screened for tobacco use during the Current Report period.
BMI Available: Patients for whom a BMI could be calculated, including refusals in the past year.
Lifestyle Counseling: Patients who have received any lifestyle adaptation counseling, including medical nutrition counseling, or nutrition, exercise or other lifestyle education during the Current Report period.
GPRA Numerator: Patients with comprehensive CVD assessment, defined as having BP, LDL, and tobacco use assessed, BMI calculated, and lifestyle counseling. NOTE: This does NOT include depression screening.
Depression Screening: Patients screened for depression or diagnosed with a mood disorder at any time during the Report period, including documented refusals in past year.

Logic:
Age of the patient is calculated at beginning of the Report period.
Diabetes defined as: Diagnosed with diabetes (first POV in V POV with 250.00-250.93) prior to the Current Report period, AND at least 2 visits during the Current Report period, AND 2 DM-related visits ever. Patients not meeting these criteria are considered non-diabetics.

Ischemic Heart Disease (IHD) diagnosis defined as: 410.0-412.*, 414.0-414.9, 428.* or 429.2 recorded in the V POV file.

For BP: Having a minimum of 2 Blood Pressures documented on non-ER visits in past 2 years. If CRS does not find 2 BPs, it will search for CPT 3077F or 3080F during the past 2 years.

For LDL, finds the most recent test done in the last 5 years, regardless of the results of the measurement. LDL Definition: CPT 80061, 83700, 83701, 83704, 83715 (old code), 83716 (old code), 83721, 3048F, 3049F, 3050F; LOINC taxonomy; site-populated taxonomy DM AUDIT LDL CHOLESTEROL

TAX.

Tobacco screening is defined as at least one of the following: 1. Any health factor for category Tobacco documented during Current Report period; 2. Tobacco-related diagnoses (POV or current Active Problem List) 305.1, 305.1* (old codes), 649.00-649.04, or V15.82; 3. Dental code 1320; 4. Any patient education code containing "TO-", "-TO", "-SHS", 305.1, 305.1* (old codes), 649.00-649.04, or V15.82; 5. CPT 1034F, 1035F, or 1036F.

For BMI, CRS calculates BMI at the time the report is run, using NHANES II. For 19 through 50, height and weight must be recorded within last 5 years, not required to be on the same day. For over 50, height and weight within last 2 years, not required to be recorded on same day. Refusals include REF (refused), NMI (not medically indicated) and UAS (unable to screen) and must be documented during the past year. For ages 19 and older, the height and the weight must be refused during the past year and are not required to be on the same visit.

Medical nutrition counseling defined as: CPT 97802-97804, G0270, G0271; Provider codes 07, 29, 97, 99; Clinic codes 67 (dietary) or 36 (WIC). Nutrition education defined as: POV V65.3 dietary surveillance and counseling or patient education codes ending "-N" (Nutrition) or "-MNT" (or old code "-DT" (Diet)) or containing V65.3. Exercise education defined as: POV V65.41 exercise counseling or patient education codes ending "-EX" (Exercise) or containing V65.41. Related exercise and nutrition counseling defined as: Patient education codes ending "-LA" (lifestyle adaptation) or containing "OBS-" (obesity) or 278.00 or 278.01.

Depression Screening/Mood Disorder DX: Any of the following during the Report Period: A) Depression Screening: Exam Code 36, POV V79.0, or BHS problem code 14.1 (screening for depression) or refusal, defined as any PCC refusal in past year with Exam Code 36; or B) Mood Disorder DX: At least two visits in PCC or BHS during the Report period with POV for: Major Depressive Disorder, Dysthymic Disorder, Depressive Disorder NOS, Bipolar I or II Disorder, Cyclothymic Disorder, Bipolar Disorder NOS, Mood Disorder Due to a General Medical Condition, Substance-induced Mood Disorder, or Mood Disorder NOS. These POV codes are: 296.*, 291.89, 292.84, 293.83, 300.4, 301.13, or 311 or BHS POV 14 or 15.

Performance Measure Description:
TBD

Past Performance and/or Target:
IHS Performance: 2007 - 30%

IHS 2010 Goals:

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

BP Assessed: 95%
LDL Assessed: 85%
Tobacco Assessed: 50%
BMI Measured: 45%
Lifestyle Counseling: 75%
Depression Screen: 20%
All Assessments: 15%

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active IHD Pts 22+ (GPRA)	58		44			36		
# w/ BPs documented w/in 2 yrs	56	96.6	44	100.0	-3.4	36	100.0	-3.4
# w/LDL done w/in 5 yrs	49	84.5	38	86.4	-1.9	30	83.3	+1.1
# w/Tobacco Screening w/in 1 yr	43	74.1	37	84.1	-10.0	27	75.0	-0.9
# w/BMI calculated or refusal	54	93.1	43	97.7	-4.6	35	97.2	-4.1
# w/ lifestyle educ w/in 1 yr	29	50.0	22	50.0	+0.0	22	61.1	-11.1
# w/ BP, LDL, tobacco, BMI and life counseling (GPRA)	23	39.7	19	43.2	-3.5	14	38.9	+0.8
# w/ Depression screening, DX, or refusal	4	6.9	4	9.1	-2.2	2	5.6	+1.3
A. Active IHD Pts 22+ and are NOT Active Diabetic	26		19			17		
# w/ BPs documented w/in 2 yrs	24	92.3	19	100.0	-7.7	17	100.0	-7.7
# w/LDL done w/in 5 yrs	21	80.8	17	89.5	-8.7	13	76.5	+4.3
# w/Tobacco Screening w/in 1 yr	19	73.1	15	78.9	-5.9	13	76.5	-3.4
# w/BMI calculated or refusal	25	96.2	19	100.0	-3.8	16	94.1	+2.0
# w/ lifestyle educ w/in 1 yr	14	53.8	7	36.8	+17.0	7	41.2	+12.7
# w/ BP, LDL, tobacco, BMI and life counseling	11	42.3	6	31.6	+10.7	4	23.5	+18.8
# w/ Depression screening, DX, or refusal	2	7.7	1	5.3	+2.4	1	5.9	+1.8

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Comprehensive CVD-Related Assessment (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
B. Active IHD Pts 22+ who ARE Active Diabetic	32		25			19		
# w/ BPs documented w/in 2 yrs	32	100.0	25	100.0	+0.0	19	100.0	+0.0
# w/LDL done w/in 5 yrs	28	87.5	21	84.0	+3.5	17	89.5	-2.0
# w/Tobacco Screening w/in 1 yr	24	75.0	22	88.0	-13.0	14	73.7	+1.3
# w/BMI calculated or refusal	29	90.6	24	96.0	-5.4	19	100.0	-9.4
# w/ lifestyle educ w/in 1 yr	15	46.9	15	60.0	-13.1	15	78.9	-32.1
# w/ BP, LDL, tobacco, BMI, and life counseling	12	37.5	13	52.0	-14.5	10	52.6	-15.1
# w/ Depression screening, DX or refusal	2	6.3	3	12.0	-5.8	1	5.3	+1.0

Appropriate Medication Therapy after a Heart Attack

Denominator(s):
Active Clinical patients 35 and older discharged for an AMI during the first 51 weeks of the Report period and were not readmitted for any diagnosis within seven days of discharge. Broken down by gender.

Numerator(s):
Patients with active prescription for, refusal of, or who have a contraindication/previous adverse reaction to beta-blockers.
A: Patients with active prescription for beta-blockers.
B: Patients with documented refusal of beta-blockers.
C: Patients with contraindication/previous adverse reaction to beta-blocker therapy.
Patients with active prescription for, refusal of, or who have a contraindication/ previous adverse reaction to ASA (aspirin) or other anti-platelet agent.
A: Patients with active prescription for ASA/anti-platelet.
B: Patients with documented refusal of ASA/anti-platelet.
C: Patients with contraindication/previous adverse reaction to ASA/anti-platelet therapy.
Patients with active prescription for, refusal of, or who have a contraindication/ previous adverse reaction to ACEIs/ARBs.
A: Patients with active prescription for ACEI/ARB.
B: Patients with documented refusal of ACEI/ARB.
C: Patients with contraindication/previous adverse reaction to ACEI/ARB therapy.
Patients with active prescription for, refusal of, or who have a contraindication/ previous adverse reaction to statins.
A: Patients with active prescription for statins.
B: Patients with documented refusal of statins.
C: Patients with contraindication/previous adverse reaction to statin therapy.
Patients with active prescriptions for all post-AMI medications (i.e. beta-blocker, ASA/anti-platelet, ACEI/ARB, AND statin), with refusal, and/or who have a contraindication/previous adverse reaction.

Logic:
Age is calculated at the beginning of the Report period. Acute Myocardial Infarction (AMI) defined as POV 410.*1 (i.e. first eligible episode of an AMI) with Service Category H. If patient has more than one episode of AMI during the first 51 weeks of the Report period, CRS will include only the first discharge.

Denominator Exclusions: Patients meeting any of the following conditions will be excluded from the denominator.

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1. Patients with Discharge Type of Irregular (AMA), Transferred, or contains "Death."
2. Patients readmitted for any diagnosis within seven days of discharge.
3. Patients with a Diagnosis Modifier of C (Consider), D (Doubtful), M (Maybe, Possible, Perhaps), O (Rule Out), P (Probable), R (Resolved), S (Suspect, Suspicious), or T (Status Post).
4. Patients with a Provider Narrative beginning with "Consider"; "Doubtful"; "Maybe"; "Possible"; "Perhaps"; "Rule Out"; "R/O"; "Probable"; "Resolved"; "Suspect"; "Suspicious"; or "Status Post."

To be included in the numerators, a patient must meet one of the 3 conditions below:

1. An active prescription (not discontinued as of [discharge date + 7 days]) that was prescribed prior to admission, during the inpatient stay, or within seven days after discharge. "Active" prescription defined as: Days Prescribed > ((Discharge Date + 7 days) - Order Date); OR
2. A refusal of the medication at least once during hospital stay through 7 days after discharge date; OR
3. Have a contraindication/previous adverse reaction to the indicated medication.

Refusals and contraindications/previous adverse drug reactions (ADR)/allergies are only counted if a patient did not have a prescription for the indicated medication. Patients without a prescription who have a refusal and/or contraindication/ADR/allergy will be counted in sub-numerators B-C. Because a patient may have both a refusal and a contraindication/ADR/allergy, the sub-numerator totals of A-C may not add up the to the numerator total.

NOTE: If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2003, Discontinued Date=11/19/2003, Recalculated # Days Prescribed=4.

Numerator Logic: In the logic below, "ever" is defined as anytime through the end of the Report Period.

Beta-Blocker Numerator Logic:

Beta-blocker medication codes defined with medication taxonomy BGP HEDIS BETA BLOCKER MEDS. (Medications are: Acebutolol HCL, Atenolol, Betaxolol HCL, Bisoprolol fumarate, Carteolol HCL, Carvedilol, Labetalol HCL, Metoprolol succinate, Metoprolol tartrate, Nadolol, Penbutolol sulfate, Pindolol, Propranolol HCL, Sotalol HCL, Timolol maleate.)

Refusal of beta-blocker: REF refusal of any beta-blocker medication in site-populated medication taxonomy BGP HEDIS BETA BLOCKER MEDS at least once during hospital stay through 7 days after discharge date.

Contraindications to beta-blockers defined as any of the following occurring ever unless otherwise noted: A) Asthma - 2 diagnoses (POV) of 493* on different visit dates; B) Hypotension - 1 diagnosis of 458*; C) Heart block >1 degree - 1 diagnosis of 426.0, 426.12, 426.13, 426.2, 426.3, 426.4, 426.51, 426.52, 426.53, 426.54, or 426.7; D) Sinus bradycardia - 1 diagnosis of 427.81; E) COPD - 2 diagnoses on different visit dates of 491.2*, 496, or 506.4, or a combination of any of these codes, such as 1 visit with 491.20 and 1 with 496; F) NMI (not medically indicated) refusal for any beta-blocker at least once during hospital stay through 7 days after discharge date; or G) CPT G8011 (Clinician documented that AMI patient was not an eligible candidate for beta-blocker at arrival) at least once during hospital stay through 7 days after discharge date.

Adverse drug reaction/documented beta blocker allergy defined as any of the following occurring ever: A) POV 995.0-995.3 AND E942.0; B) beta block* entry in ART (Patient Allergies File); or C) beta block*, bblock* or b block* contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8.

ASA (aspirin)/Other Anti-Platelet Numerator Logic:

ASA medication codes defined with medication taxonomy DM AUDIT ASPIRIN DRUGS.

Other anti-platelet medication codes defined with medication taxonomy site-populated DM AUDIT ANTI-PLATELET DRUGS taxonomy.

Refusal of ASA/other anti-platelet: REF refusal of any ASA or anti-platelet medication in site-populated medication taxonomies DM AUDIT ASPIRIN DRUGS or BGP ANTI-PLATELET DRUGS at least once during hospital stay through 7 days after discharge date.

Contraindications to ASA/other anti-platelet defined as any of the following occurring ever unless otherwise noted: A) Patients with active prescription for Warfarin/Coumadin at time of arrival or prescribed at discharge, using site-populated BGP CMS WARFARIN MEDS taxonomy; B) Hemorrhage diagnosis (POV 459.0); C) NMI (not medically indicated) refusal for any aspirin at least once during hospital stay through 7 days after discharge date; or D) CPT G8008 (Clinician documented that AMI patient was not an eligible candidate to receive aspirin at arrival) at least once during hospital stay through 7 days after discharge date.

Adverse drug reaction/documented ASA/other anti-platelet allergy defined as any of the following occurring ever: A) POV 995.0-995.3 AND E935.3; B) "aspirin" entry in ART (Patient Allergies File); or C) "ASA" or "aspirin" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8.

ACEI/ARB Numerator Logic:

Ace Inhibitor (ACEI) medication codes defined with medication taxonomy BGP HEDIS ACEI MEDS. ACEI medications: Benazepril (Lotensin), Captopril (Capoten), Enalapril (Vasotec), Fosinopril (Monopril), Lisinopril (Prinivil Zestril), Moexipril (Univasc), Perindopril (Aceon), Quinapril (Accupril), Ramipril (Altace), Trandolopril (Mavik).

ACEI-Combination Products: Amlodipine-benazepril (Lotrel), Benazepril + HCTZ (Lotensin HCT), Captopril + HCTZ (Capozide, Hydrochlorothiazide + Capropril), Enalapril + HCTZ (Vaseretic), Enalapril-felodipine (Lexxel), Enalapril-diltiazem (Teczem), Fosinopril + HCTZ (Monopril HCT), Lisinopril + HCTZ (Prinzide, Zestoreti, Hydrochlorothiazide + Lisinopril), Moexipril + HCTZ (Uniretic), Quinapril + HCTZ (Accuretic, Quinaretic).

Refusal of ACEI: REF refusal of any ACE Inhibitor medication in site-populated medication taxonomy BGP HEDIS ACEI MEDS at least once during hospital stay through 7 days after discharge date.

Contraindications to ACEI defined as any of the following: 1) Diagnosis ever for moderate or severe aortic stenosis (POV 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, or 747.22) or 2) NMI (not medically indicated) refusal for any ACEI at least once during hospital stay through 7 days after discharge date.

Adverse drug reaction/documented ACEI allergy defined as any of the following occurring ever: 1) POV 995.0-995.3 AND E942.6; 2) "ace inhibitor" or "ACEI" entry in ART (Patient Allergies File); or 3) "ace i*" or "ACEI" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8.

ARB (Angiotensin Receptor Blocker) medication codes defined with medication taxonomy BGP HEDIS ARB MEDS. ARB medications: Candesartan (Atacand), Eprosartan (Teveten), Irbesartan (Avapro), Losartan (Cozaar), Olmesartan (Benicar), Telmisartan (Micardis), Valsartan (Diovan)

ARB Combination Products: Candesartan + HCTZ (Atacand HCT), Eprosartan + HCTZ (Teveten HCT), Irbesartan + HCTZ (Avalide HCT), Losartan + HCTZ (Hyzaar HCT), Olmesartan + HCTZ (Benicar HCT), Telmisartan + HCTZ (Micardis HCT), Valsartan + HCTZ (Diovan HCT).

Refusal of ARB: REF refusal of any ARB medication in site-populated medication taxonomy BGP HEDIS ARB MEDS at least once during hospital stay through 7 days after discharge date.

Contraindications to ARB defined as any of the following: 1) Diagnosis ever for moderate or severe aortic stenosis (POV 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, 747.22) or 2) NMI (not medically indicated) refusal for any ARB at least once during hospital stay through 7 days after discharge date.

Adverse drug reaction/documented ARB allergy defined as any of the following occurring ever: 1) POV 995.0-995.3 AND E942.6; 2) "Angiotensin Receptor Blocker" or "ARB" entry in ART (Patient Allergies File); or 3) "Angiotensin Receptor Blocker" or "ARB" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8.

Statins Numerator Logic:

Statin medication codes defined with medication taxonomy BGP HEDIS STATIN MEDS. Statin medications: Atorvostatin (Lipitor), Fluvastatin (Lescol), Lovastatin (Altocor), Mevacor, Pravastatin (Pravachol), Simvastatin (Zocor), Rosuvastatin (Crestor).

Statin Combination Products: Advicor, Caduet, PraviGard Pac, Vytorin.

Refusal of Statin: REF refusal of any statin medication in site-populated medication taxonomy BGP HEDIS STATIN MEDS at least once during hospital stay through 7 days after discharge date.

Contraindications to Statins defined as any of the following: 1) Pregnancy, defined as at least two visits during the Report Period with POV or Problem diagnosis (V22.0-V23.9, V72.42, 640.*-649.*, 651.*-676.*) and with no documented miscarriage or abortion occurring after the second pregnancy POV. Miscarriage definition: (1) POV: 630, 631, 632, 633*, 634*, (2) CPT 59812, 59820, 59821, 59830. Abortion definition: (1) POV: 635*, 636* 637*, (2) CPT: 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260-S2267, (3) Procedure: 69.01, 69.51, 74.91, 96.49; 2) Breastfeeding, defined as POV V24.1 or breastfeeding patient education codes BF-BC, BF-BP, BF-CS, BF-EQ, BF-FU, BF-HC, BF-ON, BF-M, BF-MK, or BF-N during the Report Period; 3) Acute Alcoholic Hepatitis, defined as POV 571.1 during the Report Period, or 4) NMI (not medically indicated) refusal for any statin at least once during hospital stay through 7 days after discharge date.

Adverse drug reaction/documented statin allergy defined as any of the following: 1) ALT and/or AST > 3x the Upper Limit of Normal (ULN) (i.e.

Reference High) on 2 or more consecutive visits during the Report Period; 2) Creatine Kinase (CK) levels > 10x ULN or CK > 10,000 IU/L during the Report Period; 3) Myopathy/Myalgia, defined as any of the following during the Report Period: POV 359.0-359.9, 729.1, 710.5, or 074.1; 4) any of the following occurring anytime ever: A) POV 995.0-995.3 AND E942.9; B) "Statin" or "Statins entry in ART (Patient Allergies File); or C) "Statin" or "Statins" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8.

All Medications Numerator Logic:

To be included in this numerator, a patient must have a prescription, refusal, or a contraindication for ALL of the four medication classes (i.e. beta-blocker, ASA/other anti-platelet, ACEI/ARB, AND statin).

Test Definitions:

ALT: Site-populated taxonomy DM AUDIT ALT TAX or LOINC taxonomy.

AST: Site-populated taxonomy DM AUDIT AST TAX or LOINC taxonomy.

Creatine Kinase: Site-populated taxonomy BGP CREATINE KINASE TAX or LOINC taxonomy.

Performance Measure Description:
Increase the rate of patients receiving appropriate medication therapy after an AMI.

Past Performance and/or Target:
2010 Goal: TBD

Source:
American Heart Association/American College of Cardiology Guidelines for the Treatment of AMI

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	BASE PERIOD	%	CHG from BASE

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Appropriate Medication Therapy after a Heart Attack (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts 35+ hospitalized for AMI	63		0			0		
# w/beta-blocker Rx/refusal/Contra/ ADR	24	38.1	0	0.0	+38.1	0	0.0	+38.1
A. # w/beta-blocker Rx w/ % of Total	4	16.7	0	0.0	+16.7	0	0.0	+16.7
B. # w/refusal w/ % of Total	2	8.3	0	0.0	+8.3	0	0.0	+8.3
C. # w/contra/ADR w/ % of Total	18	75.0	0	0.0	+75.0	0	0.0	+75.0

*** IHS 2008 Selected Measures with Community Specified Report ***
DEMO INDIAN HOSPITAL
Report Period: Jan 01, 2007 to Dec 31, 2007
Previous Year Period: Jan 01, 2006 to Dec 31, 2006
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Appropriate Medication Therapy after a Heart Attack (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# w/ASA Rx/refusal/ Contra/ADR	11	17.5	0	0.0	+17.5	0	0.0	+17.5
A. # w/ASA Rx w/% of Total	3	27.3	0	0.0	+27.3	0	0.0	+27.3
B. # w/refusal w/ % of Total	3	27.3	0	0.0	+27.3	0	0.0	+27.3
C. # w/contra/ADR w/ % of Total	5	45.5	0	0.0	+45.5	0	0.0	+45.5
# w/ACEI/ARB Rx/refusal/Contra/ ADR	10	15.9	0	0.0	+15.9	0	0.0	+15.9
A. # w/ACEI/ARB Rx w/% of Total	2	20.0	0	0.0	+20.0	0	0.0	+20.0
B. # w/refusal w/ % of Total	2	20.0	0	0.0	+20.0	0	0.0	+20.0
C. # w/contra/ADR w/ % of Total	6	60.0	0	0.0	+60.0	0	0.0	+60.0
# w/statin Rx/refusal/Contra/ ADR	12	19.0	0	0.0	+19.0	0	0.0	+19.0
A. # w/statin Rx w/% of Total	4	33.3	0	0.0	+33.3	0	0.0	+33.3
B. # w/refusal w/ % of Total	2	16.7	0	0.0	+16.7	0	0.0	+16.7
C. # w/contra/ADR w/ % of Total	6	50.0	0	0.0	+50.0	0	0.0	+50.0
# w/Rx/refusal/contra/ ADR of ALL meds	6	9.5	0	0.0	+9.5	0	0.0	+9.5

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Appropriate Medication Therapy after a Heart Attack (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Male AC Pts 35+ hospitalized for AMI	27		0			0		
# w/beta-blocker Rx/refusal/Contra/ ADR	9	33.3	0	0.0	+33.3	0	0.0	+33.3
A. # w/beta-blocker Rx w/% of Total	1	11.1	0	0.0	+11.1	0	0.0	+11.1
B. # w/refusal w/ % of Total	2	22.2	0	0.0	+22.2	0	0.0	+22.2
C. # w/contra/ADR w/ % of Total	6	66.7	0	0.0	+66.7	0	0.0	+66.7
# w/ASA Rx/refusal/ Contra/ADR	8	29.6	0	0.0	+29.6	0	0.0	+29.6
A. # w/ASA Rx w/% of Total	1	12.5	0	0.0	+12.5	0	0.0	+12.5
B. # w/refusal w/ % of Total	3	37.5	0	0.0	+37.5	0	0.0	+37.5
C. # w/contra/ADR w/ % of Total	4	50.0	0	0.0	+50.0	0	0.0	+50.0
# w/ACEI/ARB Rx/refusal/Contra/ ADR	8	29.6	0	0.0	+29.6	0	0.0	+29.6
A. # w/ACEI/ARB Rx w/% of Total	1	12.5	0	0.0	+12.5	0	0.0	+12.5
B. # w/refusal w/ % of Total	2	25.0	0	0.0	+25.0	0	0.0	+25.0
C. # w/contra/ADR w/ % of Total	5	62.5	0	0.0	+62.5	0	0.0	+62.5
# w/statin Rx/refusal/Contra/ ADR	7	25.9	0	0.0	+25.9	0	0.0	+25.9
A. # w/statin Rx w/% of Total	3	42.9	0	0.0	+42.9	0	0.0	+42.9
B. # w/refusal w/ % of Total	2	28.6	0	0.0	+28.6	0	0.0	+28.6
C. # w/contra/ADR w/ % of Total	2	28.6	0	0.0	+28.6	0	0.0	+28.6

*** IHS 2008 Selected Measures with Community Specified Report ***
DEMO INDIAN HOSPITAL
Report Period: Jan 01, 2007 to Dec 31, 2007
Previous Year Period: Jan 01, 2006 to Dec 31, 2006
Baseline Period: Jan 01, 2000 to Dec 31, 2000

Appropriate Medication Therapy after a Heart Attack (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	BASE PERIOD	%	CHG from BASE
# w/Rx/refusal/contra/ ADR of ALL meds	5	18.5	0	0.0	+18.5	0	0.0	+18.5

*** IHS 2008 Selected Measures with Community Specified Report ***
DEMO INDIAN HOSPITAL
Report Period: Jan 01, 2007 to Dec 31, 2007
Previous Year Period: Jan 01, 2006 to Dec 31, 2006
Baseline Period: Jan 01, 2000 to Dec 31, 2000

Appropriate Medication Therapy after a Heart Attack (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Female AC Pts 35+ hospitalized for AMI	36		0			0		
# w/beta-blocker Rx/refusal/Contra/ ADR	15	41.7	0	0.0	+41.7	0	0.0	+41.7
A. # w/beta-blocker Rx w/% of Total	3	20.0	0	0.0	+20.0	0	0.0	+20.0
B. # w/refusal w/ % of Total	0	0.0	0	0.0	+0.0	0	0.0	+0.0
C. # w/contra/ADR w/ % of Total	12	80.0	0	0.0	+80.0	0	0.0	+80.0
# w/ASA Rx/refusal/ Contra/ADR	3	8.3	0	0.0	+8.3	0	0.0	+8.3
A. # w/ASA Rx w/% of Total	2	66.7	0	0.0	+66.7	0	0.0	+66.7
B. # w/refusal w/ % of Total	0	0.0	0	0.0	+0.0	0	0.0	+0.0
C. # w/contra/ADR w/ % of Total	1	33.3	0	0.0	+33.3	0	0.0	+33.3
# w/ACEI/ARB Rx/refusal/Contra/ ADR	2	5.6	0	0.0	+5.6	0	0.0	+5.6
A. # w/ACEI/ARB Rx w/% of Total	1	50.0	0	0.0	+50.0	0	0.0	+50.0
B. # w/refusal w/ % of Total	0	0.0	0	0.0	+0.0	0	0.0	+0.0
C. # w/contra/ADR w/ % of Total	1	50.0	0	0.0	+50.0	0	0.0	+50.0
# w/statin Rx/refusal/Contra/ ADR	5	13.9	0	0.0	+13.9	0	0.0	+13.9
A. # w/statin Rx w/% of Total	1	20.0	0	0.0	+20.0	0	0.0	+20.0
B. # w/refusal w/ % of Total	0	0.0	0	0.0	+0.0	0	0.0	+0.0
C. # w/contra/ADR w/ % of Total	4	80.0	0	0.0	+80.0	0	0.0	+80.0

*** IHS 2008 Selected Measures with Community Specified Report ***
DEMO INDIAN HOSPITAL
Report Period: Jan 01, 2007 to Dec 31, 2007
Previous Year Period: Jan 01, 2006 to Dec 31, 2006
Baseline Period: Jan 01, 2000 to Dec 31, 2000

Appropriate Medication Therapy after a Heart Attack (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# w/Rx/refusal/contra/ ADR of ALL meds	1	2.8	0	0.0	+2.8	0	0.0	+2.8

Persistence of Appropriate Medication Therapy after a Heart Attack

Denominator(s):
Active Clinical patients 35 and older diagnosed with an AMI six months prior to the Report period through the first six months of the Report period. Broken down by gender.

Numerator(s):
Patients with a 135-day course of treatment with beta-blockers, who refused beta-blockers in the 180 days after AMI, or who have a contraindication/previous adverse reaction to beta-blocker therapy.
A: Patients with 135-day beta-blocker treatment.
B: Patients with documented refusal of beta-blockers.
C: Patients with contraindication/previous adverse reaction to beta-blocker therapy.
Patients with a 135-day course of treatment with ASA (aspirin) or other anti-platelet agent, who refused ASA/anti-platelet in the 180 days after AMI, or who have a contraindication/previous adverse reaction to ASA/anti-platelet therapy.
A: Patients with 135-day ASA/anti-platelet treatment.
B: Patients with documented refusal of ASA/anti-platelet.
C: Patients with contraindication/previous adverse reaction to ASA/anti-platelet therapy.
Patients with a 135-day course of treatment with ACEIs/ARBs, who refused ACEIs/ARBs in the 180 days after AMI, or who have a contraindication/previous adverse reaction to ACEI/ARB therapy.
A: Patients with 135-day ACEI/ARB treatment.
B: Patients with documented refusal of ACEIs/ARBs.
C: Patients with contraindication/previous adverse reaction to ACEI/ARB therapy.
Patients with a 135-day course of treatment with statins, who refused statins in the 180 days after AMI, or who have a contraindication/previous adverse reaction to statin therapy.
A: Patients with 135-day statin treatment.
B: Patients with documented refusal of statins.
C: Patients with contraindication/previous adverse reaction to statin therapy.
Patients with a 135-day course of treatment for all post-AMI medications (i.e. beta-blocker, ASA/anti-platelet, ACEI/ARB, AND statin) following first discharge date or visit date, including previous active prescriptions; with refusal, and/or who have a contraindication/previous adverse reaction.

Logic:
Age is calculated at the beginning of the Report period. Acute Myocardial Infarction (AMI) defined as POV 410.0*-410.9* or 412. AMI diagnosis may be made at an inpatient or outpatient visit but must occur

between six months prior to beginning of Report period through first six months of the Report period. Inpatient visit defined as Service Category of H (Hospitalization). If patient has more than one episode of AMI during the timeframe, CRS will include only the first hospital discharge or ambulatory visit.

Denominator Exclusions: Patients meeting any of the following conditions will be excluded from the denominator.

1. If inpatient visit, patients with Discharge Type of Irregular (AMA), Transferred, or contains "Death."
2. Patients with a Diagnosis Modifier of C (Consider), D (Doubtful), M (Maybe, Possible, Perhaps), O (Rule Out), P (Probable), R (Resolved), S (Suspect, Suspicious), or T (Status Post).
3. Patients with a Provider Narrative beginning with "Consider"; "Doubtful"; "Maybe"; "Possible"; "Perhaps"; "Rule Out"; "R/O"; "Probable"; "Resolved"; "Suspect"; "Suspicious"; or "Status Post."

To be included in the numerators, a patient must meet one of the 3 conditions below:

1. A total days supply >= 135 days in the 180 days following discharge date for inpatient visits or visit date for ambulatory visits. Prior active prescriptions can be included if the treatment days fall within the 180 days following discharge/visit date. Prior active prescription defined as most recent prescription (see codes below) prior to admission/visit date with the number of days supply equal to or greater than the discharge/visit date minus the prescription date; OR
2. A refusal of the medication at least once at time of diagnosis through the 180 days after AMI; OR
3. Have a contraindication/previous adverse reaction to the indicated medication.

Refusals and contraindications/previous adverse drug reactions (ADR)/allergies are only counted if a patient did not have a prescription for the indicated medication. Patients without a prescription who have a refusal and/or contraindication/ADR/allergy will be counted in sub-numerators B-C. Because a patient may have both a refusal and a contraindication/ADR/allergy, the sub-numerator totals of A-C may not add up the to the numerator total.

NOTE: If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2003, Discontinued Date=11/19/2003, Recalculated # Days Prescribed=4.

Example of patient included in the beta-blocker numerator who has prior active prescription:
- Admission Date: 2/1/2004, Discharge Date: 2/15/2004
- Must have 135 days prescribed by 8/13/2004 (Discharge Date+180)
- Prior Beta-Blocker Rx Date: 1/15/2004
- # Days Prescribed: 60 (treats patient through 3/15/2004)
- Discharge Date minus Rx Date: 2/15/2004-1/15/2004 = 31, 60 is >= 31, prescription is considered Prior Active Rx
- 3/15/2004 is between 2/15 and 8/13/2004, thus remainder of Prior Active Rx can be counted toward 180-day treatment period
- # Remaining Days Prescribed from Prior Active Rx:
  (60-(Discharge Date-Prior Rx Date) = 60-(2/15/2004-1/15/2004) = 60-31 = 29
- Rx #2: 4/1/2004, # Days Prescribed: 90
- Rx #3: 7/10/2004, #Days Prescribed: 90
- Total Days Supply Prescribed between 2/15 and 8/13/2004: 29+90+90=209

Numerator Logic: In the logic below, "ever" is defined as anytime through the end of the Report Period.

Beta-Blocker Numerator Logic:

Beta-blocker medication codes defined with medication taxonomy BGP HEDIS BETA BLOCKER MEDS. (Medications are: Acebutolol HCL, Atenolol, Betaxolol HCL, Bisoprolol fumarate, Carteolol HCL, Carvedilol, Labetalol HCL, Metoprolol succinate, Metoprolol tartrate, Nadolol, Penbutolol sulfate, Pindolol, Propranolol HCL, Sotalol HCL, Timolol maleate.)

Refusal of beta-blocker: REF refusal of any beta-blocker medication in site-populated medication taxonomy BGP HEDIS BETA BLOCKER MEDS at least once during the period admission/visit date through the 180 days after discharge/visit date.

Contraindications to beta-blockers defined as any of the following occurring ever unless otherwise noted: A) Asthma - 2 diagnoses (POV) of 493* on different visit dates; B) Hypotension - 1 diagnosis of 458*; C) Heart block >1 degree - 1 diagnosis of 426.0, 426.12, 426.13, 426.2, 426.3, 426.4, 426.51, 426.52, 426.53, 426.54, or 426.7; D) Sinus bradycardia - 1 diagnosis of 427.81; E) COPD - 2 diagnoses on different visit dates of 491.2*, 496, or 506.4, or a combination of any of these codes, such as 1 visit with 491.20 and 1 with 496; F) NMI (not medically indicated) refusal for any beta-blocker at least once during the period admission/visit date through the 180 days after discharge/visit date; or G) CPT G8011 (Clinician documented that AMI patient was not an eligible candidate for beta-blocker at arrival) at least once during the period admission/visit date through the 180 days after discharge/visit date.

Adverse drug reaction/documented beta blocker allergy defined as any of the following occurring anytime up to the 180 days after discharge/visit date: A) POV 995.0-995.3 AND E942.0; B) beta block* entry in ART (Patient Allergies File); or C) beta block*, bblock* or b block* contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8.

ASA (aspirin) Numerator Logic:

ASA medication codes defined with medication taxonomy DM AUDIT ASPIRIN DRUGS.

Other anti-platelet medication codes defined with medication taxonomy site-populated BGP ANTI-PLATELET DRUGS taxonomy.

Refusal of ASA/other anti-platelet: REF refusal of any ASA or anti-platelet medication in site-populated medication taxonomies DM AUDIT ASPIRIN DRUGS or DM AUDIT ANTI-PLATELET DRUGS at least once during the period admission/visit date through the 180 days after discharge/visit date.

Contraindications to ASA/other anti-platelet defined as any of the following occurring ever unless otherwise noted: A) Patients with prescription for Warfarin/Coumadin using site-populated BGP CMS WARFARIN MEDS taxonomy during the period admission/visit date through the 180 days after discharge/visit date; B) Hemorrhage diagnosis (POV 459.0); C) NMI (not medically indicated) refusal for any aspirin at least once during the period admission/visit date through the 180 days after discharge/visit date; or D) CPT G8008 (Clinician documented that AMI patient was not an eligible candidate to receive aspirin at arrival) at least once during the period admission/visit date through the 180 days after discharge/visit date.

Adverse drug reaction/documented ASA/other anti-platelet allergy defined as any of the following occurring anytime up to the 180 days after discharge/visit date: A) POV 995.0-995.3 AND E935.3; B) "aspirin" entry in ART (Patient Allergies File); or C) "ASA" or "aspirin" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8.

ACEI/ARB Numerator Logic:

Ace Inhibitor (ACEI) medication codes defined with medication taxonomy BGP HEDIS ACEI MEDS. ACEI medications: Benazepril (Lotensin), Captopril (Capoten), Enalapril (Vasotec), Fosinopril (Monopril), Lisinopril (Prinivil Zestril), Moexipril (Univasc), Perindopril (Aceon), Quinapril (Accupril), Ramipril (Altace), Trandolopril (Mavik).

ACEI-Combination Products: Amlodipine-enazepril (Lotrel), Benazepril + HCTZ (Lotensin HCT), Captopril + HCTZ (Capozide, Hydrochlorothiazide + Capropril), Enalapril + HCTZ (Vaseretic), Enalapril-felodipine (Lexxel), Enalapril-diltiazem (Teczem), Fosinopril + HCTZ (Monopril HCT), Lisinopril + HCTZ (Prinzide, Zestoreti, Hydrochlorothiazide + Lisinopril), Moexipril + HCTZ (Uniretic), Quinapril + HCTZ (Accuretic, Quinaretic).

Refusal of ACEI: REF refusal of any ACE Inhibitor medication in site-populated medication taxonomy BGP HEDIS ACEI MEDS at least once during the period admission/visit date through the 180 days after discharge/visit date.

Contraindications to ACEI defined as any of the following: 1) Diagnosis ever for moderate or severe aortic stenosis (POV 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, or 747.22) or 2) NMI (not medically indicated) refusal for any ACEI at least once during the period admission/visit date through the 180 days after discharge/visit date.

Adverse drug reaction/documented ACEI allergy defined as any of the following occurring anytime up to the 180 days after discharge/visit date: 1) POV 995.0-995.3 AND E942.6; 2) "ace inhibitor" or "ACEI" entry in ART (Patient Allergies File); or 3) "ace i*" or "ACEI" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8.

ARB (Angiotensin Receptor Blocker) medication codes defined with medication taxonomy BGP HEDIS ARB MEDS. ARB medications: Candesartan (Atacand), Eprosartan (Teveten), Irbesartan (Avapro), Losartan (Cozaar), Olmesartan (Benicar), Telmisartan (Micardis), Valsartan (Diovan)

ARB Combination Products: Candesartan + HCTZ (Atacand HCT), Eprosartan + HCTZ (Teveten HCT), Irbesartan + HCTZ (Avalide HCT), Losartan + HCTZ (Hyzaar HCT), Olmesartan + HCTZ (Benicar HCT), Telmisartan + HCTZ (Micardis HCT), Valsartan + HCTZ (Diovan HCT).

Refusal of ARB: REF refusal of any ARB medication in site-populated medication taxonomy BGP HEDIS ARB MEDS at least once during the period admission/visit date through the 180 days after discharge/visit date.

Contraindications to ARB defined as any of the following: 1) Diagnosis ever for moderate or severe aortic stenosis (POV 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, 747.22) or 2) NMI (not medically indicated) refusal for any ARB at least once during the period admission/visit date through the 180 days after discharge/visit date.

Adverse drug reaction/documented ARB allergy defined as any of the following occurring anytime up to the 180 days after discharge/visit date: 1) POV 995.0-995.3 AND E942.6; 2) "Angiotensin Receptor Blocker" or "ARB" entry in ART (Patient Allergies File); or 3) "Angiotensin Receptor Blocker" or "ARB" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8.

Statins Numerator Logic:

Statin medication codes defined with medication taxonomy BGP HEDIS STATIN MEDS. Statin medications: Atorvostatin (Lipitor), Fluvastatin (Lescol), Lovastatin (Altocor), Mevacor, Pravastatin (Pravachol), Simvastatin (Zocor), Rosuvastatin (Crestor).

Statin Combination Products: Advicor, Caduet, PraviGard Pac, Vytorin.

Refusal of Statin: REF refusal of any statin medication in site-populated medication taxonomy BGP HEDIS STATIN MEDS at least once during admission/visit date through the 180 days after discharge/visit date.

Contraindications to Statins defined as any of the following: 1) Pregnancy, defined as at least two visits during the period admission/visit date through the 180 days after discharge/visit date with POV or Problem diagnosis (V22.0-V23.9, V72.42, 640.*-649.*, 651.*-676.*) and with no documented miscarriage or abortion occurring after the second pregnancy POV. Miscarriage definition: (1) POV: 630, 631, 632, 633*, 634*, (2) CPT 59812, 59820, 59821, 59830. Abortion definition: (1) POV: 635*, 636* 637*, (2) CPT: 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260-S2267, (3) Procedure: 69.01, 69.51, 74.91, 96.49; 2) Breastfeeding, defined as POV V24.1 or breastfeeding patient education codes BF-BC, BF-BP, BF-CS, BF-EQ, BF-FU, BF-HC, BF-ON, BF-M, BF-MK, or BF-N during the period admission/visit date through the 180 days after discharge/visit date; 3) Acute Alcoholic Hepatitis, defined as POV 571.1 during the period admission/visit date through the 180 days after discharge/visit date; or 4) NMI (not medically indicated) refusal for any statin at least once during the period admission/visit date through the 180 days after discharge/visit date.

Adverse drug reaction/documented statin allergy defined as any of the following: 1) ALT and/or AST > 3x the Upper Limit of Normal (ULN) (i.e. Reference High) on 2 or more consecutive visits during the period admission/visit date through the 180 days after discharge/visit date; 2) Creatine Kinase (CK) levels > 10x ULN or CK > 10,000 IU/L during the period admission/visit date through the 180 days after discharge/visit date; 3) Myopathy/Myalgia, defined as any of the following during the

period admission/visit date through the 180 days after discharge/visit date: POV 359.0-359.9, 729.1, 710.5, or 074.1; 4) any of the following occurring anytime up to the 180 days after discharge/visit date: A) POV 995.0-995.3 AND E942.9; B) "Statin" or "Statins entry in ART (Patient Allergies File); or C) "Statin" or "Statins" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8.

All Medications Numerator Logic:

To be included in this numerator, a patient must have a prescription, refusal, or a contraindication for ALL of the four medication classes (i.e. beta-blocker, ASA/other anti-platelet, ACEI/ARB, AND statin).

Test Definitions:

ALT: Site-populated taxonomy DM AUDIT ALT TAX or LOINC taxonomy.

AST: Site-populated taxonomy DM AUDIT AST TAX or LOINC taxonomy.

Creatine Kinase: Site-populated taxonomy BGP CREATINE KINASE TAX or LOINC taxonomy.

Performance Measure Description:
Increase the rate of patients receiving persistent medication therapy after an AMI.

Past Performance and/or Target:
2010 Goal: TBD

Source:
American Heart Association/American College of Cardiology Guidelines for the Treatment of AMI

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	BASE PERIOD	%	CHG from BASE

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

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Baseline Period: Jan 01, 2000 to Dec 31, 2000

Persistence of Appropriate Medication Therapy after a Heart Attack (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts 35+ w/ AMI DX	45		3			4		
# w/135-day beta-blocker Rx/refusal/Contra/ ADR	20	44.4	2	66.7	-22.2	3	75.0	-30.6
A. # w/135-day beta blocker Rx w/ % of Total	2	10.0	2	100.0	-90.0	2	66.7	-56.7
B. # w/refusal w/ % of Total	1	5.0	0	0.0	+5.0	0	0.0	+5.0
C. # w/contra/ADR w/ % of Total	17	85.0	0	0.0	+85.0	1	33.3	+51.7

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Persistence of Appropriate Medication Therapy after a Heart Attack (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# w/135-day ASA Rx/refusal/Contra/ ADR	6	13.3	0	0.0	+13.3	2	50.0	-36.7
A. # w/135-day ASA Rx w/% of Total	1	16.7	0	0.0	+16.7	2	100.0	-83.3
B. # w/refusal w/ % of Total	2	33.3	0	0.0	+33.3	0	0.0	+33.3
C. # w/contra/ADR w/ % of Total	3	50.0	0	0.0	+50.0	0	0.0	+50.0
# w/135-day ACEI/ARB Rx/refusal/Contra/ ADR	8	17.8	1	33.3	-15.6	1	25.0	-7.2
A. # w/135-day ACEI/ARB Rx w/% of Total	1	12.5	1	100.0	-87.5	1	100.0	-87.5
B. # w/refusal w/ % of Total	1	12.5	0	0.0	+12.5	0	0.0	+12.5
C. # w/contra/ADR w/ % of Total	6	75.0	0	0.0	+75.0	0	0.0	+75.0
# w/135-day statin Rx/refusal/Contra/ ADR	8	17.8	2	66.7	-48.9	2	50.0	-32.2
A. # w/135-day statin Rx w/% of Total	2	25.0	2	100.0	-75.0	2	100.0	-75.0
B. # w/refusal w/ % of Total	1	12.5	0	0.0	+12.5	0	0.0	+12.5
C. # w/contra/ADR w/ % of Total	5	62.5	0	0.0	+62.5	0	0.0	+62.5
# w/Rx/refusal/ contra/ADR of ALL meds	4	8.9	0	0.0	+8.9	1	25.0	-16.1

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Persistence of Appropriate Medication Therapy after a Heart Attack (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Male AC Pts 35+ w/ AMI DX	19		1			1		
# w/135-day beta-blocker Rx/refusal/Contra/ ADR	8	42.1	1	100.0	-57.9	1	100.0	-57.9
A. # w/135-day beta-blocker Rx w/% of Total	2	25.0	1	100.0	-75.0	0	0.0	+25.0
B. # w/refusal w/ % of Total	1	12.5	0	0.0	+12.5	0	0.0	+12.5
C. # w/contra/ADR w/ % of Total	5	62.5	0	0.0	+62.5	1	100.0	-37.5
# w/135-day ASA Rx/refusal/Contra/ ADR	5	26.3	0	0.0	+26.3	0	0.0	+26.3
A. # w/135-day ASA Rx w/% of Total	1	20.0	0	0.0	+20.0	0	0.0	+20.0
B. # w/refusal w/ % of Total	2	40.0	0	0.0	+40.0	0	0.0	+40.0
C. # w/contra/ADR w/ % of Total	2	40.0	0	0.0	+40.0	0	0.0	+40.0
# w/135-day ACEI/ARB Rx/refusal/Contra/ ADR	6	31.6	0	0.0	+31.6	0	0.0	+31.6
A. # w/135-day ACEI/ARB Rx w/% of Total	1	16.7	0	0.0	+16.7	0	0.0	+16.7
B. # w/refusal w/ % of Total	1	16.7	0	0.0	+16.7	0	0.0	+16.7
C. # w/contra/ADR w/ % of Total	4	66.7	0	0.0	+66.7	0	0.0	+66.7

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Persistence of Appropriate Medication Therapy after a Heart Attack (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# w/135-day statin Rx/refusal/Contra/ ADR	4	21.1	1	100.0	-78.9	0	0.0	+21.1
A. # w/135-day statin Rx w/% of Total	2	50.0	1	100.0	-50.0	0	0.0	+50.0
B. # w/refusal w/ % of Total	1	25.0	0	0.0	+25.0	0	0.0	+25.0
C. # w/contra/ADR w/ % of Total	1	25.0	0	0.0	+25.0	0	0.0	+25.0
# w/Rx/refusal/ contra/ADR of ALL meds	3	15.8	0	0.0	+15.8	0	0.0	+15.8

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Persistence of Appropriate Medication Therapy after a Heart Attack (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Female AC Pts 35+ w/ AMI DX	26		2			3		
# w/135-day beta-blocker Rx/refusal/Contra/ ADR	12	46.2	1	50.0	-3.8	2	66.7	-20.5
A. # w/135-day beta-blocker Rx w/% of Total	0	0.0	1	100.0	-100.0	2	100.0	-100.0
B. # w/refusal w/ % of Total	0	0.0	0	0.0	+0.0	0	0.0	+0.0
C. # w/contra/ADR w/ % of Total	12	100.0	0	0.0	+100.0	0	0.0	+100.0
# w/135-day ASA Rx/refusal/Contra/ ADR	1	3.8	0	0.0	+3.8	2	66.7	-62.8
A. # w/135-day ASA Rx w/% of Total	0	0.0	0	0.0	+0.0	2	100.0	-100.0
B. # w/refusal w/ % of Total	0	0.0	0	0.0	+0.0	0	0.0	+0.0
C. # w/contra/ADR w/ % of Total	1	100.0	0	0.0	+100.0	0	0.0	+100.0
# w/135-day ACEI/ARB Rx/refusal/Contra/ ADR	2	7.7	1	50.0	-42.3	1	33.3	-25.6
A. # w/135-day ACEI/ARB Rx w/% of Total	0	0.0	1	100.0	-100.0	1	100.0	-100.0
B. # w/refusal w/ % of Total	0	0.0	0	0.0	+0.0	0	0.0	+0.0
C. # w/contra/ADR w/ % of Total	2	100.0	0	0.0	+100.0	0	0.0	+100.0

*** IHS 2008 Selected Measures with Community Specified Report ***
DEMO INDIAN HOSPITAL
Report Period: Jan 01, 2007 to Dec 31, 2007
Previous Year Period: Jan 01, 2006 to Dec 31, 2006
Baseline Period: Jan 01, 2000 to Dec 31, 2000

Persistence of Appropriate Medication Therapy after a Heart Attack (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# w/135-day statin Rx/refusal/Contra/ ADR	4	15.4	1	50.0	-34.6	2	66.7	-51.3
A. # w/135-day statin Rx w/% of Total	0	0.0	1	100.0	-100.0	2	100.0	-100.0
B. # w/refusal w/ % of Total	0	0.0	0	0.0	+0.0	0	0.0	+0.0
C. # w/contra/ADR w/ % of Total	4	100.0	0	0.0	+100.0	0	0.0	+100.0
# w/Rx/refusal/ contra/ADR of ALL meds	1	3.8	0	0.0	+3.8	1	33.3	-29.5

Appropriate Medication Therapy in High Risk Patients

Denominator(s):
Active IHD patients ages 22 and older, defined as all Active Clinical patients diagnosed with ischemic heart disease (IHD) prior to the Report Period, AND at least 2 visits during the Report Period, AND 2 IHD-related visits ever.
A: Active IHD patients ages 22 and older who are not Active Diabetic.
B: Active IHD patients ages 22 and older who are Active Diabetic.

Numerator(s):
Patients with a 180-day course of treatment with or refusal of beta-blockers during the Report Period, or who have a contraindication/previous adverse reaction to beta-blocker therapy.
A: Patients with 180-day beta-blocker treatment.
B: Patients with documented refusal of beta-blockers.
C: Patients with contraindication/previous adverse reaction to beta-blocker therapy.
Patients with a 180-day course of treatment with or refusal of ASA (aspirin) or other anti-platelet agent during the Report Period, or who have a contraindication/previous adverse reaction to ASA/anti-platelet therapy.
A: Patients with 180-day ASA/anti-platelet treatment.
B: Patients with documented refusal of ASA/anti-platelet.
C: Patients with contraindication/previous adverse reaction to ASA/anti-platelet therapy.
Patients with a 180-day course of treatment with or refusal of ACEIs/ARBs during the Report Period, or who have a contraindication/previous adverse reaction to ACEI/ARB therapy.
A: Patients with 180-day ACEI/ARB treatment.
B: Patients with documented refusal of ACEIs/ARBs.
C: Patients with contraindication/previous adverse reaction to ACEI/ARB therapy.
Patients with a 180-day course of treatment with or refusal of statins during the Report Period, or who have a contraindication/previous adverse reaction to statin therapy.
A: Patients with 180-day statin treatment.
B: Patients with documented refusal of statins.
C: Patients with contraindication/previous adverse reaction to statin therapy.
Patients with a 180-day course of treatment for all medications (i.e. beta-blocker, aspirin/anti-platelet, ACEI/ARB, AND statin) during the Report Period, with refusal, and/or who have a contraindication/previous adverse reaction.

Logic:
Age of the patient is calculated at the beginning of the Report period.

Ischemic Heart Disease (IHD) diagnosis defined as: 410.0-412.*, 414.0-414.9, 428.* or 429.2 recorded in the V POV file.

Diabetes defined as: Diagnosed with diabetes (first POV in V POV with 250.00-250.93) prior to the Current Report period, AND at least 2 visits during the Current Report period, AND 2 DM-related visits ever. Patients not meeting these criteria are considered non-diabetics.

To be included in the numerators, a patient must meet one of the 3 conditions below:

1. Prescription(s) for the indicated medication with a total days supply of 180 days or more during the Report Period; OR
2. A refusal of the medication during the Report Period; OR
3. Have a contraindication/previous adverse reaction to the indicated medication.

Refusals and contraindications/previous adverse drug reactions (ADR)/allergies are only counted if a patient did not have a prescription for the indicated medication. Patients without a prescription who have a refusal and/or contraindication/ADR/allergy will be counted in sub-numerators B-C. Because a patient may have both a refusal and a contraindication/ADR/allergy, the sub-numerator totals of A-C may not add up the to the numerator total.

For prescriptions, the days supply requirement may be met with a single prescription or from a combination of prescriptions for the indicated medication that were filled during the Report Period and prescriptions filled prior to the Report Period but which are still active (i.e. prior active prescription). Prior active prescriptions can be included if the treatment days fall within the Report Period. Prior active prescription defined as most recent prescription for the indicated medication (see codes below) prior to Report Period Start Date with the number of days supply equal to or greater than the Report Period Start Date minus the prescription date.

NOTE: If a prescription for a medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2006, Discontinued Date=11/19/2006, Recalculated # Days Prescribed=4.

Example of patient included in the beta-blocker numerator with prior active prescription:

- Report Period: 07/01/2005 06/30/2006

- Must have 180 days supply of indicated medication 6/30/2006 (end of Report Period)
- Prior Beta-Blocker Rx Date: 06/01/2005
- # Days Prescribed: 60 (treats patient through 07/31/2005)
- Report Period Start Date minus Rx Date: 07/01/2005-06/01/2005 = 30; 60 (#Days Prescribed) is >= 30, prescription is considered Prior Active Rx
- 07/31/2005 is between the Report Period of 07/01/2005 and 06/30/2006, thus remainder of Prior Active Rx can be counted toward 180-days supply
- # Remaining Days Prescribed from Prior Active Rx:
  (# Days Prescribed-(Report Period Start Date-Prior Rx Date) = 60-(07/01/2005-06/01/2005) = 60-30 = 30
- Rx #2: 08/05/2005, # Days Prescribed: 90
- Rx #3: 11/10/2005, #Days Prescribed: 90
- Total Days Supply Prescribed between 07/01/2005 and 06/30/2006, including prior active prescription: 30+90+90=210

Numerator Logic: In the logic below, "ever" is defined as anytime through the end of the Report Period.

Beta-Blocker Numerator Logic:

Beta-blocker medication codes defined with medication taxonomy BGP HEDIS BETA BLOCKER MEDS. (Medications are: Acebutolol HCL, Atenolol, Betaxolol HCL, Bisoprolol fumarate, Carteolol HCL, Carvedilol, Labetalol HCL, Metoprolol succinate, Metoprolol tartrate, Nadolol, Penbutolol sulfate, Pindolol, Propranolol HCL, Sotalol HCL, Timolol maleate.)

Refusal of beta-blocker: REF refusal of any beta-blocker medication in site-populated medication taxonomy BGP HEDIS BETA BLOCKER MEDS at least once during the Report Period.

Contraindications to beta-blockers defined as any of the following occurring ever unless otherwise noted: A) Asthma - 2 diagnoses (POV) of 493* on different visit dates; B) Hypotension - 1 diagnosis of 458*; C) Heart block >1 degree - 1 diagnosis of 426.0, 426.12, 426.13, 426.2, 426.3, 426.4, 426.51, 426.52, 426.53, 426.54, or 426.7; D) Sinus bradycardia - 1 diagnosis of 427.81; E) COPD - 2 diagnoses on different visit dates of 491.2*, 496, or 506.4, or a combination of any of these codes, such as 1 visit with 491.20 and 1 with 496; F) NMI (not medically indicated) refusal for any beta-blocker at least once during the Report Period; or G) CPT G8011 (Clinician documented that AMI patient was not an eligible candidate for beta-blocker at arrival) at least once during the Report Period.

Adverse drug reaction/documented beta blocker allergy defined as any of the following occurring ever: A) POV 995.0-995.3 AND E942.0; B) beta block* entry in ART (Patient Allergies File); or C) beta block*, bblock*

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or b block* contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8.

ASA (aspirin)/Other Anti-Platelet Numerator Logic:

ASA medication codes defined with medication taxonomy DM AUDIT ASPIRIN DRUGS.

Other anti-platelet medication codes defined with medication taxonomy site-populated BGP ANTI-PLATELET DRUGS taxonomy.

Refusal of ASA/other anti-platelet: REF refusal of any ASA or anti-platelet medication in site-populated medication taxonomies DM AUDIT ASPIRIN DRUGS or BGP ANTI-PLATELET DRUGS at least once during the Report Period.

Contraindications to ASA/other anti-platelet defined as any of the following occurring ever unless otherwise noted: A) Patients with a 180-day course of treatment for Warfarin/Coumadin during the Report Period, using site-populated BGP CMS WARFARIN MEDS taxonomy; B) Hemorrhage diagnosis (POV 459.0); C) NMI (not medically indicated) refusal for any aspirin at least once during the Report Period; or D) CPT G8008 (Clinician documented that AMI patient was not an eligible candidate to receive aspirin at arrival) at least once during the Report Period.

Adverse drug reaction/documented ASA/other anti-platelet allergy defined as any of the following occurring anytime ever: A) POV 995.0-995.3 AND E935.3; B) "aspirin" entry in ART (Patient Allergies File); or C) "ASA" or "aspirin" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8.

ACEI/ARB Numerator Logic:

Ace Inhibitor (ACEI) medication codes defined with medication taxonomy BGP HEDIS ACEI MEDS. ACEI medications: Benazepril (Lotensin), Captopril (Capoten), Enalapril (Vasotec), Fosinopril (Monopril), Lisinopril (Prinivil Zestril), Moexipril (Univasc), Perindopril (Aceon), Quinapril (Accupril), Ramipril (Altace), Trandolopril (Mavik).

ACEI-Combination Products: Amlodipine-benazepril (Lotrel), Benazepril + HCTZ (Lotensin HCT), Captopril + HCTZ (Capozide, Hydrochlorothiazide + Capropril), Enalapril + HCTZ (Vaseretic), Enalapril-felodipine (Lexxel), Enalapril-diltiazem (Teczem), Fosinopril + HCTZ (Monopril HCT), Lisinopril + HCTZ (Prinzide, Zestoreti, Hydrochlorothiazide + Lisinopril), Moexipril + HCTZ (Uniretic), Quinapril + HCTZ (Accuretic, Quinaretic).

Refusal of ACEI: REF refusal of any ACE Inhibitor medication in site-populated medication taxonomy BGP HEDIS ACEI MEDS at least during the Report Period.

Contraindications to ACEI defined as any of the following: 1) Diagnosis ever for moderate or severe aortic stenosis (POV 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, or 747.22) or 2) NMI (not medically indicated) refusal for any ACEI at least once during the Report Period.

Adverse drug reaction/documented ACEI allergy defined as any of the following occurring anytime through the end of the Report Period: 1) POV 995.0-995.3 AND E942.6; 2) "ace inhibitor" or "ACEI" entry in ART (Patient Allergies File); or 3) "ace i*" or "ACEI" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8.

ARB (Angiotensin Receptor Blocker) medication codes defined with medication taxonomy BGP HEDIS ARB MEDS. ARB medications: Candesartan (Atacand), Eprosartan (Teveten), Irbesartan (Avapro), Losartan (Cozaar), Olmesartan (Benicar), Telmisartan (Micardis), Valsartan (Diovan).

ARB Combination Products: Candesartan + HCTZ (Atacand HCT), Eprosartan + HCTZ (Teveten HCT), Irbesartan + HCTZ (Avalide HCT), Losartan HCTZ (Hyzaar HCT), Olmesartan + HCTZ (Benicar HCT), Telmisartan + HCTZ (Micardis HCT), Valsartan + HCTZ (Diovan HCT).

Refusal of ARB: REF refusal of any ARB medication in site-populated medication taxonomy BGP HEDIS ARB MEDS at least once during the Report Period.

Contraindications to ARB defined as any of the following: Diagnosis ever for moderate or severe aortic stenosis (POV 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, 747.22) or 2) NMI (not medically indicated) refusal for any ARB at least once during the Report Period.

Adverse drug reaction/documented ARB allergy defined as any of the following occurring anytime through the end of the Report Period: 1) POV 995.0-995.3 AND E942.6; 2) "Angiotensin Receptor Blocker" or "ARB" entry in ART (Patient Allergies File); or 3) "Angiotensin Receptor Blocker" or "ARB" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8.

Statins Numerator Logic:

Statin medication codes defined with medication taxonomy BGP HEDIS STATIN MEDS. Statin medications: Atorvostatin (Lipitor), Fluvastatin (Lescol),

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Lovastatin (Altocor), Mevacor, Pravastatin (Pravachol), Simvastatin (Zocor), Rosuvastatin (Crestor).

Statin Combination Products: Advicor, Caduet, PraviGard Pac, Vytorin.

Refusal of Statin: REF refusal of any statin medication in site-populated medication taxonomy BGP HEDIS STATIN MEDS at least once during the Report Period.

Contraindications to Statins defined as any of the following: 1) Pregnancy, defined as at least two visits during the Report Period with POV or Problem diagnosis (V22.0-V23.9, V72.42, 640.*-649.*, 651.*-676.*) and with no documented miscarriage or abortion occurring after the second pregnancy POV. Miscarriage definition: (1) POV: 630, 631, 632, 633*, 634*, (2) CPT 59812, 59820, 59821, 59830. Abortion definition: (1) POV: 635*, 636* 637*, (2) CPT: 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260-S2267, (3) Procedure: 69.01, 69.51, 74.91, 96.49; 2) Breastfeeding, defined as POV V24.1 or breastfeeding patient education codes BF-BC, BF-BP, BF-CS, BF-EQ, BF-FU, BF-HC, BF-ON, BF-M, BF-MK, or BF-N during the Report Period;

3) Acute Alcoholic Hepatitis, defined as POV 571.1 during the Report Period; or 4) NMI (not medically indicated) refusal for any statin at least once during the Report Period.

Adverse drug reaction/documented statin allergy defined as any of the following: 1) ALT and/or AST > 3x the Upper Limit of Normal (ULN) (i.e. Reference High) on 2 or more consecutive visits during the Report Period; 2) Creatine Kinase (CK) levels > 10x ULN or CK > 10,000 IU/L during the Report Period; 3) Myopathy/Myalgia, defined as any of the following during the Report Period: POV 359.0-359.9, 729.1, 710.5, or 074.1; 4) any of the following occurring anytime through the end of the Report Period: A) POV 995.0-995.3 AND E942.9; B) "Statin" or "Statins entry in ART (Patient Allergies File); or C) "Statin" or "Statins" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8.

All Medications Numerator Logic:

To be included in this numerator, a patient must have a prescription, refusal, or a contraindication for ALL of the four medication classes (i.e. beta-blocker, ASA/other anti-platelet, ACEI/ARB, AND statin).

Test Definitions:

ALT: Site-populated taxonomy DM AUDIT ALT TAX or LOINC taxonomy.

AST: Site-populated taxonomy DM AUDIT AST TAX or LOINC taxonomy.

*** IHS 2008 Selected Measures with Community Specified Report ***
DEMO INDIAN HOSPITAL
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Previous Year Period: Jan 01, 2006 to Dec 31, 2006
Baseline Period: Jan 01, 2000 to Dec 31, 2000

Creatine Kinase: Site-populated taxonomy BGP CREATINE KINASE TAX or LOINC taxonomy.

Performance Measure Description:
Increase the proportion of patients with IHD who are prescribed appropriate medication therapy during the Report Period.

Source:
American Heart Association/American College of Cardiology Guidelines

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	BASE PERIOD	%	CHG from BASE %
Active IHD pts 22+	58		44			36		
# w/180 day beta-blocker Rx/refusal/Contra/ ADR	38	65.5	27	61.4	+4.2	18	50.0	+15.5
A. # w/180 day beta-blocker Rx w/% of Total	21	55.3	17	63.0	-7.7	14	77.8	-22.5
B. # w/refusal w/ % of Total	1	2.6	0	0.0	+2.6	0	0.0	+2.6
C. # w/contra/ADR w/ % of Total	16	42.1	10	37.0	+5.1	4	22.2	+19.9
# w/180 day ASA Rx/refusal/Contra/ ADR	28	48.3	23	52.3	-4.0	27	75.0	-26.7
A. # w/180 day ASA Rx w/% of Total	21	75.0	20	87.0	-12.0	22	81.5	-6.5
B. # w/refusal w/ % of Total	1	3.6	0	0.0	+3.6	0	0.0	+3.6
C. # w/contra/ADR w/ % of Total	6	21.4	3	13.0	+8.4	5	18.5	+2.9

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Appropriate Medication Therapy in High Risk Patients (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# w/180 day ACEI/ARB Rx/refusal/Contra/ ADR	35	60.3	21	47.7	+12.6	20	55.6	+4.8
A. # w/180 day ACEI/ARB Rx w/% of Total	31	88.6	19	90.5	-1.9	19	95.0	-6.4
B. # w/refusal w/ % of Total	1	2.9	0	0.0	+2.9	0	0.0	+2.9
C. # w/contra/ADR w/ % of Total	3	8.6	2	9.5	-1.0	1	5.0	+3.6
# w/180 day statin Rx/refusal/Contra/ ADR	33	56.9	23	52.3	+4.6	16	44.4	+12.5
A. # w/180 day statin Rx w/% of Total	28	84.8	21	91.3	-6.5	15	93.8	-8.9
B. # w/refusal w/ % of Total	2	6.1	0	0.0	+6.1	0	0.0	+6.1
C. # w/contra/ADR w/ % of Total	3	9.1	2	8.7	+0.4	1	6.3	+2.8
# w/180 day Rx/refusal/ contra/ADR of ALL meds	19	32.8	10	22.7	+10.0	6	16.7	+16.1

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

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Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Appropriate Medication Therapy in High Risk Patients (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
A. Active IHD Pts 22+ who are NOT active diabetic	26		19			17		
# w/180 day beta-blocker Rx/refusal/Contra/ ADR	18	69.2	9	47.4	+21.9	11	64.7	+4.5
A. # w/180 day beta-blocker Rx w/% of Total	10	55.6	6	66.7	-11.1	9	81.8	-26.3
B. # w/refusal w/ % of Total	1	5.6	0	0.0	+5.6	0	0.0	+5.6
C. # w/contra/ADR w/ % of Total	7	38.9	3	33.3	+5.6	2	18.2	+20.7
# w/180 day ASA Rx/refusal/Contra/ ADR	13	50.0	12	63.2	-13.2	11	64.7	-14.7
A. # w/180 day ASA Rx w/% of Total	7	53.8	10	83.3	-29.5	9	81.8	-28.0
B. # w/refusal w/ % of Total	1	7.7	0	0.0	+7.7	0	0.0	+7.7
C. # w/contra/ADR w/ % of Total	5	38.5	2	16.7	+21.8	2	18.2	+20.3
# w/180 day ACEI/ARB Rx/refusal/Contra/ ADR	12	46.2	7	36.8	+9.3	7	41.2	+5.0
A. # w/180 day ACEI/ARB Rx w/% of Total	10	83.3	7	100.0	-16.7	6	85.7	-2.4
B. # w/refusal w/ % of Total	1	8.3	0	0.0	+8.3	0	0.0	+8.3
C. # w/contra/ADR w/ % of Total	1	8.3	0	0.0	+8.3	1	14.3	-6.0

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DEMO INDIAN HOSPITAL
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Appropriate Medication Therapy in High Risk Patients (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# w/180 day statin Rx/refusal/Contra/ ADR	13	50.0	11	57.9	-7.9	7	41.2	+8.8
A. # w/180 day statin Rx w/% of Total	10	76.9	10	90.9	-14.0	7	100.0	-23.1
B. # w/refusal w/ % of Total	1	7.7	0	0.0	+7.7	0	0.0	+7.7
C. # w/contra/ADR w/ % of Total	2	15.4	1	9.1	+6.3	0	0.0	+15.4
# w/180 day Rx/refusal/ contra/ADR of ALL meds	8	30.8	4	21.1	+9.7	3	17.6	+13.1

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

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Appropriate Medication Therapy in High Risk Patients (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
B. Active IHD patients ages 22 and older who are active diabetic	32		25			19		
# w/180 day beta-blocker Rx/refusal/Contra/ ADR	20	62.5	18	72.0	-9.5	7	36.8	+25.7
A. # w/180 day beta-blocker Rx w/% of Total	11	55.0	11	61.1	-6.1	5	71.4	-16.4
B. # w/refusal w/ % of Total	0	0.0	0	0.0	+0.0	0	0.0	+0.0
C. # w/contra/ADR w/ % of Total	9	45.0	7	38.9	+6.1	2	28.6	+16.4
# w/180 day ASA Rx/refusal/Contra/ ADR	15	46.9	11	44.0	+2.9	16	84.2	-37.3
A. # w/180 day ASA Rx w/% of Total	14	93.3	10	90.9	+2.4	13	81.3	+12.1
B. # w/refusal w/ % of Total	0	0.0	0	0.0	+0.0	0	0.0	+0.0
C. # w/contra/ADR w/ % of Total	1	6.7	1	9.1	-2.4	3	18.8	-12.1
# w/180 day ACEI/ARB Rx/refusal/Contra/ ADR	23	71.9	14	56.0	+15.9	13	68.4	+3.5
A. # w/180 day ACEI/ARB Rx w/% of Total	21	91.3	12	85.7	+5.6	13	100.0	-8.7
B. # w/refusal w/ % of Total	0	0.0	0	0.0	+0.0	0	0.0	+0.0
C. # w/contra/ADR w/ % of Total	2	8.7	2	14.3	-5.6	0	0.0	+8.7

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Appropriate Medication Therapy in High Risk Patients (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# w/180 day statin Rx/refusal/Contra/ ADR	20	62.5	12	48.0	+14.5	9	47.4	+15.1
A. # w/180 day statin Rx w/% of Total	18	90.0	11	91.7	-1.7	8	88.9	+1.1
B. # w/refusal w/ % of Total	1	5.0	0	0.0	+5.0	0	0.0	+5.0
C. # w/contra/ADR w/ % of Total	1	5.0	1	8.3	-3.3	1	11.1	-6.1
# w/180 day Rx/refusal/ contra/ADR of ALL meds	11	34.4	6	24.0	+10.4	3	15.8	+18.6

Cholesterol Management for Patients with Cardiovascular Conditions

Denominator(s):
Active Clinical patients ages 18 to 75 who, during the first 10 months of the year prior to the beginning of the Report Period, were diagnosed with acute myocardial infarction (AMI), coronary artery bypass graft (CABG), or percutaneous transluminal coronary angioplasty (PTCA) OR who were diagnosed with ischemic vascular disease (IVD) during the Report Period and the year prior to the Report Period. Broken down by gender.
User Population patients ages 18 to 75 who, during the first 10 months of the year prior to the beginning of the Report Period, were diagnosed with acute myocardial infarction (AMI), coronary artery bypass graft (CABG), or percutaneous transluminal coronary angioplasty (PTCA) OR who were diagnosed with ischemic vascular disease (IVD) during the Report Period and the year prior to the Report Period. Broken down by gender.

Numerator(s):
Patients with LDL completed during the Report Period, regardless of result.
A. Patients with LDL <=100, completed during the report period.
B. Patients with LDL 101-130, completed during the report period.
C. Patients with LDL >130, completed during the report period.

Logic:
Age of the patient is calculated at the beginning of the Report period.

AMI defined as POV 410.*0 or 410.*1.

PTCA defined as 1) V Procedure 00.66, 36.01 (old code), 36.02 (old code), 36.05, (old code), 36.06-36.07, or 36.09 or 2) CPT 33140, 92980-92982, 92984, 92995, 92996.

CABG defined as: 1) V Procedure 36.1*, 36.2 or 2) CPT 33510-33514, 33516-33519, 33521-33523, 33533-33536, 35600, 33572, S2205-S2209.

IVD defined as: 411.*, 413.*, 414.0*, 414.8, 414.9, 429.2, 433.*-434.*, 440.1, 440.2*, 444.*, or 445.*.

Searches for most recent LDL test with a result during the Report Period. If none found, CRS searches for the most recent LDL test without a result. LDL defined as: CPT 80061, 83700, 83701, 83704, 83715 (old code), 83716 (old code), 83721, 3048F, 3049F, 3050F; LOINC taxonomy; site-populated taxonomy DM AUDIT LDL CHOLESTEROL TAX. For numerator LDL =<100, CPT 3048F will count as meeting the measure.

Performance Measure Description:
Increase the proportion of patients with cardiovascular conditions who

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have an LDL test.

Source:
HEDIS

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical pts 18-75 with dx of AMI, CABG, PTCA, or IVD	33		25			18		
# w/LDL done	27	81.8	20	80.0	+1.8	9	50.0	+31.8
A. # w/LDL <=100								
w/% of Total Screened	13	48.1	11	55.0	-6.9	3	33.3	+14.8
B. # w/LDL 101-130								
w/% of Total Screened	5	18.5	3	15.0	+3.5	2	22.2	-3.7
C. # w/LDL >130								
w/% of Total Screened	3	11.1	4	20.0	-8.9	4	44.4	-33.3
Male Active Clinical pts 18-75 with DX AMI, CABG PTCA, or IVD	19		16			10		
# w/LDL done	15	78.9	11	68.8	+10.2	4	40.0	+38.9
A. # w/LDL <=100								
w/% of Total Screened	4	26.7	4	36.4	-9.7	1	25.0	+1.7
B. # w/LDL 101-130								
w/% of Total Screened	2	13.3	3	27.3	-13.9	1	25.0	-11.7
C. # w/LDL >130								
w/% of Total Screened	3	20.0	2	18.2	+1.8	2	50.0	-30.0

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Cholesterol Management for Patients with Cardiovascular Conditions (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Female Active Clinical pts 18-75 with DX AMI, CABG PTCA, or IVD	14		9			8		
# w/LDL done	12	85.7	9	100.0	-14.3	5	62.5	+23.2
A. # w/LDL <=100 w/% of Total Screened	9	75.0	7	77.8	-2.8	2	40.0	+35.0
B. # w/LDL 101-130 w/% of Total Screened	3	25.0	0	0.0	+25.0	1	20.0	+5.0
C. # w/LDL >130 w/% of Total Screened	0	0.0	2	22.2	-22.2	2	40.0	-40.0
User Pop pts 18-75 with dx of AMI, CABG, PTCA, or IVD	33		25			18		
# w/LDL done	27	81.8	20	80.0	+1.8	9	50.0	+31.8
A. # w/LDL <=100 w/% of Total Screened	13	48.1	11	55.0	-6.9	3	33.3	+14.8
B. # w/LDL 101-130 w/% of Total Screened	5	18.5	3	15.0	+3.5	2	22.2	-3.7
C. # w/LDL >130 w/% of Total Screened	3	11.1	4	20.0	-8.9	4	44.4	-33.3

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Cholesterol Management for Patients with Cardiovascular Conditions (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Male User Pop pts 18-75 with DX AMI, CABG PTCA, or IVD	19		16			10		
# w/LDL done	15	78.9	11	68.8	+10.2	4	40.0	+38.9
A. # w/LDL <=100 w/% of Total Screened	4	26.7	4	36.4	-9.7	1	25.0	+1.7
B. # w/LDL 101-130 w/% of Total Screened	2	13.3	3	27.3	-13.9	1	25.0	-11.7
C. # w/LDL >130 w/% of Total Screened	3	20.0	2	18.2	+1.8	2	50.0	-30.0
Female User Pop pts 18-75 with DX AMI, CABG PTCA, or IVD	14		9			8		
# w/LDL done	12	85.7	9	100.0	-14.3	5	62.5	+23.2
A. # w/LDL <=100 w/% of Total Screened	9	75.0	7	77.8	-2.8	2	40.0	+35.0
B. # w/LDL 101-130 w/% of Total Screened	3	25.0	0	0.0	+25.0	1	20.0	+5.0
C. # w/LDL >130 w/% of Total Screened	0	0.0	2	22.2	-22.2	2	40.0	-40.0

Heart Failure and Evaluation of LVS Function

Denominator(s):
Active Clinical ages 18 or older discharged with heart failure during the Report Period.

Numerator(s):
Patients whose LVS function was evaluated before arrival, during hospitalization, or is planned for after discharge.

Logic:
Age of the patient is calculated as of the hospital admission date. Heart Failure defined as: ICD-9-CM principal diagnosis codes 398.91, 402.01, 402.11, 402.91, 404.01, 404.03, 404.11, 404.13, 404.91, 404.93, 428.0, 428.1, 428.20, 428.21, 428.22, 428.23, 428.30, 428.31, 428.32, 428.33, 428.40, 428.41, 428.42, 428.43, 428.9, 429.1, or 997.1 AND with Service Category H (hospitalization). NOTE: If a patient has multiple admissions matching this criteria during the Report Period, the earliest admission will be used.

Denominator Exclusions: Defined as any of the following:

1. Patients receiving comfort measures only (i.e. patients who received palliative care and usual interventions were not received because a medical decision was made to limit care).
2. Patients with a Discharge Type of Transferred or Irregular or containing Death.
3. Patients who had a left ventricular assistive device (LVAD) or heart transplant procedure during hospitalization.

Comfort Measures defined as: V66.7 (Encounter for palliative care) documented during hospital stay.

LVAD/Heart Transplant defined as: Any of the following during hospital stay: 1) V Procedure 33.6, 37.41, 37.51-37.54, 37.61-37.66, 37.68.

Evaluation of LVS (Left Ventricular Systolic) Function defined as any of the following:

1) An ejection fraction ordered or documented anytime one year prior to discharge date, defined as any of the following: A) V Measurement "CEF"; B) V Procedure 88.53, 88.54; C) V CPT 78414, 78468, 78472, 78473, 78480, 78481, 78483, 78494, 93303, 93304, 93307, 93308, 93312, 93314-93318, 93350, 93543, 93555;

2) RCIS order for Cardiovascular Disorders referral that is ordered during the hospital stay but no later than the hospital discharge date. (RCIS

referral defined as: ICD Diagnostic Category "Cardiovascular Disorders" combined with any of the following CPT Categories: "Evaluation and/or Management," "Non-surgical Procedures" or "Diagnostic Imaging.")

3) Any of the following documented anytime one year prior to discharge date: A) Echocardiogram: V Procedure 88.72, 37.28, 00.24; B) Nuclear Medicine Test: V Procedure 92.2*; C) Cardiac Catheterization with a Left Ventriculogram: V Procedure 37.22, 37.23, 88.53, 88.54.

Performance Measure Description:
Establish the proportion of patients discharged for heart failure whose LVS function was evaluated either prior to or during admission.

Source:
CMS HF-2

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
AC 18+ w/Heart Failure Dx	43		2			1		
Patients w/Eval of LVS Function	13	30.2	0	0.0	+30.2	0	0.0	+30.2

Prenatal HIV Testing

Denominator(s):
GPRA Denominator: All pregnant Active Clinical patients with no documented miscarriage or abortion and with no recorded HIV diagnosis ever.

Numerator(s):
Patients who received counseling and/or patient education about HIV in the past 20 months.
GPRA Numerator: Patients who received HIV test during the past 20 months, including refusals in past 20 months.
A: Number of documented refusals in past 20 months.

Logic:
Pregnancy is defined as at least two visits with POV V22.0-V23.9, V72.42, 640.*-649.*, 651.*-676.* during the past 20 months, with one diagnosis occurring during the reporting period and with no documented miscarriage or abortion occurring after the second pregnancy POV. The time period is extended to include patients who were pregnant during the Report period but whose initial diagnosis (and HIV test) were documented prior to Report period. Miscarriage definition: (1) POV: 630, 631, 632, 633*, 634*, (2) CPT 59812, 59820, 59821, 59830. Abortion definition: (1) POV: 635*, 636* 637*, (2) CPT: 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260-S2267, (3) Procedure: 69.01, 69.51, 74.91, 96.49. Pregnant patients with any HIV diagnosis ever are excluded, defined as: POV or Problem List codes 042, 042.0-044.9 (old codes), V08, or 795.71.

HIV counseling: V65.44; or patient education codes containing "HIV-" or "-HIV" or patient education codes containing HIV diagnosis 042, 042.0-044.9 (old codes), V08, 795.71.

HIV test: CPTs 86689, 86701-86703, 87390, 87391, 87534-87539; LOINC taxonomy; site-populated taxonomy BGP HIV TEST TAX; or Refusal Lab Test HIV in the past 20 months.

Performance Measure Description:
TBD

Past Performance and/or Target:
IHS Performance: FY 2007 - 74%, FY 2006 - 65%, FY 2005 - 54%, IHS 2010 Goal: 95%

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Prenatal HIV Testing (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Pregnant AC Pts w/ no HIV (GPRA)	29		36			34		
# w/HIV education	1	3.4	0	0.0	+3.4	0	0.0	+3.4
# w/HIV test (GPRA)	16	55.2	7	19.4	+35.7	0	0.0	+55.2
A. # refusals w/ % of total tests	0	0.0	0	0.0	+0.0	0	0.0	+0.0

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HIV Quality of Care

Denominator(s):
All User Population patients ages 13 and older with at least 2 direct care visits (i.e. not Contract/CHS) with HIV diagnosis during the Report Period, including 1 HIV diagnosis in last 6 months.

Numerator(s):
Patients who received CD4 test only (without HIV viral load) during the Report Period.
Patients who received HIV viral load only (without CD4) during the Report Period.
Patients who received both CD4 and HIV viral load during the Report Period.
Total Numerators 1, 2 and 3.

Logic:
Age is calculated at beginning of the Report Period. HIV diagnosis defined as: POV or Problem List 042, 042.0-044.9 (old codes), V08, or 795.71. Lab test CD4 count defined as: CPT 86359, 86360, 86361, LOINC taxonomy and site-populated taxonomy BGP GPRA CD4 Tests. HIV viral load, as measured by PCR or a comparable test: CPT 87536, 87539; LOINC taxonomy; and site-populated taxonomy BGP GPRA HIV Viral Load Tests.

Performance Measure Description:
Increase the proportion of HIV-infected adolescents and adults who received testing consistent with current Public Health Service treatment guidelines.

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	BASE PERIOD	%	CHG from BASE %
User Pop Pts >13 w/ HIV Dx	1		1			2		
# w/CD4 only	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/viral load only	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/both	0	0.0	1	100.0	-100.0	2	100.0	-100.0
TOTAL # w/ any tests	0	0.0	1	100.0	-100.0	2	100.0	-100.0

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Chlamydia Testing

Denominator(s):
Female Active Clinical patients ages 16 through 25.
A. Female Active Clinical 16-20.
B. Female Active Clinical 21-25.
Female User Population patients ages 16 through 25.
A. Female User Population 16-20.
B. Female User Population 21-25.

Numerator(s):
Patients tested for Chlamydia during the Report Period.

Logic:
Age is calculated at beginning of the Report Period. Chlamydia test defined as: V73.88, V73.98; CPT 86631, 86632, 87110, 87270, 87320, 87490-92, 87810; site-populated taxonomy BGP GPRA CHLAMYDIA TESTS; LOINC taxonomy.

Performance Measure Description:
Increase the proportion of female patients ages 16 through 25 who have annual Chlamydia screening.

Past Performance and/or Target:
HP 2010 Goal: 62%

Source:
HP 2010 25-16a, 25-16b

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Female Active Clinical 16-25	151		135			128		
# w/Chlamydia Screen	52	34.4	49	36.3	-1.9	43	33.6	+0.8

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Chlamydia Testing (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
A. Female Active Clinical 16-20	65		52			57		
# w/Chlamydia Screen	23	35.4	16	30.8	+4.6	23	40.4	-5.0
B. Female Active Clinical 21-25	86		83			71		
# w/Chlamydia Screen	29	33.7	33	39.8	-6.0	20	28.2	+5.6
Female User Population 16-25	278		248			237		
# w/Chlamydia Screen	68	24.5	58	23.4	+1.1	51	21.5	+2.9
A. Female User Population 16-20	138		115			118		
# w/Chlamydia Screen	31	22.5	19	16.5	+5.9	25	21.2	+1.3
B. Female User Population 21-25	140		133			119		
# w/Chlamydia Screen	37	26.4	39	29.3	-2.9	26	21.8	+4.6

Sexually Transmitted Infection (STI) Screening

Denominator(s):
Screenings needed for incidents of key sexually transmitted infections (STIs) for Active Clinical patients that occurred during the period 60 days prior to the beginning of the Report Period through the first 300 days of the Report Period. Key STIs defined as Chlamydia, gonorrhea, HIV/AIDS, and syphilis. Broken down by gender.
Chlamydia screenings needed for key STI incidents for Active Clinical patients that occurred during the defined period. Broken down by gender.
Gonorrhea screenings needed for key STI incidents for Active Clinical patients that occurred during the defined period. Broken down by gender.
HIV/AIDS screenings needed for key STI incidents for Active Clinical patients that occurred during the defined period. Broken down by gender.
Syphilis screenings needed for key STI incidents for Active Clinical patients that occurred during the defined period. Broken down by gender.
Screenings needed for incidents of key sexually transmitted infections (STIs) for User Population patients that occurred during the period 60 days prior to the beginning of the Report Period through the first 300 days of the Report Period. Key STIs defined as Chlamydia, gonorrhea, HIV/AIDS, and syphilis. Broken down by gender.
Chlamydia screenings needed for key STI incidents for User Population patients that occurred during the defined period. Broken down by gender.
Gonorrhea screenings needed for key STI incidents for User Population patients that occurred during the defined period. Broken down by gender.
HIV/AIDS screenings needed for key STI incidents for User Population patients that occurred during the defined period. Broken down by gender.
Syphilis screenings needed for key STI incidents for User Population patients that occurred during the defined period. Broken down by gender.

Numerator(s):
No denominator. The total count of Active Clinical patients who were diagnosed with one or more key sexually transmitted infections (STIs) during the period 60 days prior to the Report Period through the first 300 days of the Report Period. Broken down by gender.
No denominator. The total count of separate key STI incidents for Active Clinical patients during the defined period. Broken down by gender.
Total number of needed screenings performed or refused from one month prior to the date of relevant STI incident through two months after.
A: Number of documented screening refusals.
Number of needed Chlamydia screenings performed or refused from one month prior to the date of first STI diagnosis of each incident through two months after.
A: Number of documented screening refusals.
Number of needed Gonorrhea screenings performed or refused from one month prior to the date of first STI diagnosis of each incident through two months after.

A: Number of documented screening refusals.
Number of needed HIV/AIDS screenings performed or refused from one month prior to the date of first STI diagnosis of each incident through two months after.
A: Number of documented screening refusals.
Number of needed Syphilis screenings performed or refused from one month prior to the date of first STI diagnosis of each incident through two months after.
A: Number of documented screening refusals.
No denominator. Total count of User Population patients who were diagnosed with one or more key STIs during the period 60 days prior to the Report Period through the first 300 days of the Report Period. Broken down by gender.
No denominator. Total count only of separate key STI incidents for User Population patients during the defined period. Broken down by gender.

Logic:
Key sexually transmitted infections (STIs) are Chlamydia, gonorrhea, HIV/AIDS, and syphilis. Key STIs defined with the following POVS:
- Chlamydia: 077.98, 078.88, 079.88, 079.98, 099.41, 099.50-099.59
- Gonorrhea: 098.0-098.89
- HIV/AIDS: 042, 042.0-044.9, 795.71, V08
- Syphilis: 090.0-093.9, 094.1-097.9

Logic for Identifying Patients Diagnosed with Key STI:

Any patient with one or more diagnoses of any of the key STIs defined above during the period 60 days prior to the beginning of the Report Period through the first 300 days of the Report Period.

Logic for Identifying Separate Incidents of Key STIs:

One patient may have one or multiple occurrences of one or multiple STIs during the year. Incidents of an STI are identified beginning with the date of the first key STI diagnosis (see definition above) occurring between 60 days prior to the beginning of the Report Period through the first 300 days of the Report Period. A second incident of the same STI is counted if another diagnosis with the same STI occurs two months or more after the initial diagnosis. A different STI diagnosis that occurs during the same 60-day time period as the first STI counts as a separate incident.

Example of Patient with Multiple Incidents of Single STI

Visit	Total Incidents
08/01/08: Patient screened for Chlamydia	0

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08/08/08:	Patient diagnosed with Chlamydia	1
10/15/08:	Patient diagnosed with Chlamydia	2
10/25/08:	Follow-up for Chlamydia	2
11/15/08:	Patient diagnosed with Chlamydia	2
03/01/09:	Patient diagnosed with Chlamydia	3

Denominator Logic for Needed Screenings:

One patient may need multiple screening tests based on one or more STI incidents occurring during the time period.

To be included in the needed screening tests denominator, the count will be derived from the number of separate STI incidents and the type(s) of screenings recommended for each incident. The recommended screenings for each key STI are listed below.

STI	Screenings Needed
Chlamydia	Gonorrhea, HIV/AIDS, Syphilis
Gonorrhea	Chlamydia, HIV/AIDS, Syphilis
HIV/AIDS	Chlamydia, Gonorrhea, Syphilis
Syphilis	Chlamydia, Gonorrhea, HIV/AIDS

"Needed" screenings are recommended screenings that are further evaluated for contraindications. The following are reasons that a recommended screening is identified as not needed (i.e. contraindicated).

1) The patient has a documented STI diagnosis corresponding to the screening type in the same time period. For example, a patient with both a Chlamydia and a gonorrhea diagnosis on the same visit does not need the recommended Chlamydia screening based on the gonorrhea diagnosis.

2) Only one screening for each type of STI is needed during the relevant time period, regardless of the number of different STI incidents identified. For example, if a patient is diagnosed with Chlamydia and Gonorrhea on the same visit, only one screening each is needed for HIV/AIDS and Syphilis.

3) A patient with HIV/AIDS diagnosis prior to any STI diagnosis that triggers a recommended HIV/AIDS screening does not need the screening ever.

Numerator Logic:
To be counted in the numerator, each needed screening in the denominator must have a corresponding lab test or test refusal documented in the period from one month prior to the relevant STI diagnosis date through two months after the STI incident.

Chlamydia Screening: Any of the following during the specified time period: 1) POV V73.88, V73.98; 2) CPT 86631-86632, 87110, 87270, 87320, 87490-87492, 87810; 3) site-populated taxonomy BGP CHLAMYDIA TESTS TAX; or 4) LOINC taxonomy.

Gonorrhea Screening: Any of the following during the specified time period: 1) CPT 87590-87592, 87850; 2) site-populated taxonomy BKM GONORRHEA TEST TAX; or 3) LOINC taxonomy.

HIV/AIDS Screening: Any of the following during the specified time period: 1) CPT 86689, 86701-86703, 87390-87391, 87534-87539; 2) site-populated taxonomy BGP HIV TEST TAX; or 3) LOINC taxonomy.

Syphilis Screening: Any of the following during the specified time period: 1) CPT 86592-86593, 86781, 87285; 2) site-populated taxonomy BKM FTA-ABS TESTS TAX or BKM RPR TESTS TAX; 3) LOINC taxonomy.

Refusal of Any Screening: Any refusal type (REF, NMI, etc.) for any of the four screening tests as defined above during the specified time period.

Logic Examples:
Example of Patient with Single Diagnosis of Single STI

08/01/08: Patient screened for Chlamydia
08/08/08: Patient diagnosed with Chlamydia - 3 screens needed: Gonorrhea, HIV/AIDS, Syphilis
08/13/08: Patient screened for Gonorrhea, HIV/AIDS, Syphilis
Result: Denominator: 3 screens needed, Numerator: 3 screens performed.

Example of Patient with Multiple Diagnoses of Single STI

08/01/08: Patient screened for Chlamydia
08/08/08: Patient diagnosed with Chlamydia (Incident #1) - 3 screens needed: Gonorrhea, HIV/AIDS, Syphilis
08/13/08: Patient screened for Gonorrhea, HIV/AIDS, Syphilis
12/01/08: Patient screened for Chlamydia
12/08/08: Patient diagnosed with Chlamydia (Incident #2) - 3 screens needed: Gonorrhea, HIV/AIDS, Syphilis
Result: Denominator: 6 screens needed (2 each of 3 types), Numerator: 3 screens perfomed (1 each of 3 types)

Example of Patient with Single Diagnosis of Multiple STIs

10/15/08: Patient screened for Chlamydia, Gonorrhea, HIV/AIDS, Syphilis
10/18/08: Patient diagnosed with Chlamydia - 3 screens needed:

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Gonorrhea, HIV/AIDS, Syphilis
10/20/08: Patient diagnosed with Syphilis - removes needed screen for Syphilis (see above)
Result: Denominator: 2 screens needed, Numerator: 2 screens performed prior to triggering diagnoses but within timeframe)

Example of Patient with Multiple Diagnoses of Multiple STIs

06/15/04: Patient diagnosed with HIV/AIDS
08/01/08: Patient screened for Chlamydia and Gonorrhea
08/08/08: Patient diagnosed with Chlamydia and Gonorrhea (Incident #1) - 1 screen needed: Syphilis (HIV/AIDS not needed since prior diagnosis)
08/08/08: Patient screened for HIV/AIDS and Syphilis - since only the Syphilis screen is needed, the HIV/AIDS screen is not counted at all
12/01/08: Patient screened for Chlamydia
12/08/08: Patient diagnosed with Chlamydia (Incident #2) - 2 screens needed: Gonorrhea and Syphilis
12/10/08: Patient screened for Syphilis
Result: Denominator: 3 screens needed (2 Syphilis and 1 Gonorrhea), Numerator: 2 screens performed (2 Syphilis)

Performance Measure Description:
Establish the proportion of recommended STI screenings based on incidents of key sexually transmitted infection (STI) diagnoses to STI screenings performed.

	REPORT PERIOD	PREV YR PERIOD	CHG from PREV YR	BASE PERIOD	CHG from BASE
Active Clinical Pts w/ Key STI Dx	27	3	+24	2	+25
Male Active Clinical Pts w/ Key STI Dx	4	2	+2	2	+2
Female Active Clinical Pts w/ Key STI Dx	23	1	+22	0	+23

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Sexually Transmitted Infection (STI) Screening (con't)

	REPORT PERIOD		PREV YR PERIOD		CHG from PREV YR	BASE PERIOD		CHG from BASE
# Key STI Incidents for Active Clinical Pts	33		5		+28	7		+26
# Male AC Key STI Incidents	4		4		+0	7		-3
# Female AC Key STI Incidents	29		1		+28	0		+29
# Key STI Screens Needed for AC Pts	85		15			21		
# Needed Screens Performed/Refused	26	30.6	4	26.7	+3.9	6	28.6	+2.0
A. # Documented Refusals	1	1.2	0	0.0	+1.2	0	0.0	+1.2
# Key STI Screens Needed for Male AC Pts	12		12			21		
# Needed Screens Performed/Refused	2	16.7	4	33.3	-16.7	6	28.6	-11.9
A. # Documented Refusals	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# Key STI Screens Needed for Female AC Pts	73		3			0		
# Needed Screens Performed/Refused	24	32.9	0	0.0	+32.9	0	0.0	+32.9
A. # Documented Refusals	1	1.4	0	0.0	+1.4	0	0.0	+1.4

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Sexually Transmitted Infection (STI) Screening (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# Chlamydia Screens Needed for Key STIs-AC Pts	20		5			7		
# Needed Chlamydia Screens Performed/Refused	4	20.0	0	0.0	+20.0	0	0.0	+20.0
A. # Documented Refusals	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# Chlamydia Screens Needed for Key STIs-Male AC Pts	4		4			7		
# Needed Chlamydia Screens Performed/Refused	0	0.0	0	0.0	+0.0	0	0.0	+0.0
A. # Documented Refusals	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# Chlamydia Screens Needed for Key STIs-Female AC Pts	16		1			0		
# Needed Chlamydia Screens Performed/Refused	4	25.0	0	0.0	+25.0	0	0.0	+25.0
A. # Documented Refusals	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# Gonorrhea Screens Needed for Key STIs-AC Pts	21		5			7		
# Needed GC Screens Performed/Refused	10	47.6	4	80.0	-32.4	6	85.7	-38.1
A. # Documented Refusals	0	0.0	0	0.0	+0.0	0	0.0	+0.0

*** IHS 2008 Selected Measures with Community Specified Report ***
DEMO INDIAN HOSPITAL
Report Period: Jan 01, 2007 to Dec 31, 2007
Previous Year Period: Jan 01, 2006 to Dec 31, 2006
Baseline Period: Jan 01, 2000 to Dec 31, 2000

Sexually Transmitted Infection (STI) Screening (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# Gonorrhea Screens Needed for Key STIs-Male AC Pts	4		4			7		
# Needed GC Screens Performed/Refused	2	50.0	4	100.0	-50.0	6	85.7	-35.7
A. # Documented Refusals	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# Gonorrhea Screens Needed for Key STIs-Female AC Pts	17		1			0		
# Needed GC Screens Performed/Refused	8	47.1	0	0.0	+47.1	0	0.0	+47.1
A. # Documented Refusals	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# HIV/AIDS Screens Needed for Key STIs-AC Pts	20		1			0		
# Needed HIV/AIDS Screens Performed/Refused	7	35.0	0	0.0	+35.0	0	0.0	+35.0
A. # Documented Refusals	1	5.0	0	0.0	+5.0	0	0.0	+5.0
# HIV/AIDS Screens Needed for Key STIs-Male AC Pts	1		0			0		
# Needed HIV/AIDS Screens Performed/Refused	0	0.0	0	0.0	+0.0	0	0.0	+0.0
A. # Documented Refusals	0	0.0	0	0.0	+0.0	0	0.0	+0.0

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Sexually Transmitted Infection (STI) Screening (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# HIV/AIDS Screens Needed for Key STIs-Female AC Pts	19		1			0		
# Needed HIV/AIDS Screens Performed/Refused	7	36.8	0	0.0	+36.8	0	0.0	+36.8
A. # Documented Refusals	1	5.3	0	0.0	+5.3	0	0.0	+5.3
# Syphilis Screens Needed for Key STIs-AC Pts	24		4			7		
# Needed Syphilis Screens Performed/Refused	5	20.8	0	0.0	+20.8	0	0.0	+20.8
A. # Documented Refusals	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# Syphilis Screens Needed for Key STIs-Male AC Pts	3		4			7		
# Needed Syphilis Screens Performed/Refused	0	0.0	0	0.0	+0.0	0	0.0	+0.0
A. # Documented Refusals	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# Syphilis Screens Needed for Key STIs-Female AC Pts	21		0			0		
# Needed Syphilis Screens Performed/Refused	5	23.8	0	0.0	+23.8	0	0.0	+23.8
A. # Documented Refusals	0	0.0	0	0.0	+0.0	0	0.0	+0.0

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Sexually Transmitted Infection (STI) Screening (con't)

	REPORT PERIOD		PREV YR PERIOD		CHG from PREV YR	BASE PERIOD		CHG from BASE
User Pop Pts w/ Key STI Dx	28		6		+22	3		+25
Male User Pop Pts w/ Key STI Dx	4		2		+2	2		+2
Female User Pop Pts w/ Key STI Dx	24		4		+20	1		+23
# Key STI Incidents for User Pop Pts	34		8		+26	8		+26
# Male UP Key STI Incidents	4		4		+0	7		-3
# Female UP Key STI Incidents	30		4		+26	1		+29
# Key STI Screens Needed for UP Pts	88		24			24		
# Needed Screens Performed/Refused	27	30.7	5	20.8	+9.8	7	29.2	+1.5
A. # Documented Refusals	1	1.1	0	0.0	+1.1	0	0.0	+1.1
# Key STI Screens Needed for Male UP Pts	12		12			21		
# Needed Screens Performed/Refused	2	16.7	4	33.3	-16.7	6	28.6	-11.9
A. # Documented Refusals	0	0.0	0	0.0	+0.0	0	0.0	+0.0

*** IHS 2008 Selected Measures with Community Specified Report ***
DEMO INDIAN HOSPITAL
Report Period: Jan 01, 2007 to Dec 31, 2007
Previous Year Period: Jan 01, 2006 to Dec 31, 2006
Baseline Period: Jan 01, 2000 to Dec 31, 2000

Sexually Transmitted Infection (STI) Screening (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# Key STI Screens Needed for Female UP Pts	76		12			3		
# Needed Screens Performed/Refused	25	32.9	1	8.3	+24.6	1	33.3	-0.4
A. # Documented Refusals	1	1.3	0	0.0	+1.3	0	0.0	+1.3
# Chlamydia Screens Needed for Key STIs-UP Pts	20		7			7		
# Needed Chlamydia Screens Performed/Refused	4	20.0	0	0.0	+20.0	0	0.0	+20.0
A. # Documented Refusals	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# Chlamydia Screens Needed for Key STIs-Male UP Pts	4		4			7		
# Needed Chlamydia Screens Performed/Refused	0	0.0	0	0.0	+0.0	0	0.0	+0.0
A. # Documented Refusals	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# Chlamydia Screens Needed for Key STIs-Female UP Pts	16		3			0		
# Needed Chlamydia Screens Performed/Refused	4	25.0	0	0.0	+25.0	0	0.0	+25.0
A. # Documented Refusals	0	0.0	0	0.0	+0.0	0	0.0	+0.0

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Sexually Transmitted Infection (STI) Screening (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# Gonorrhea Screens Needed for Key STIs-UP Pts	22		8			8		
# Needed GC Screens Performed/Refused	11	50.0	5	62.5	-12.5	6	75.0	-25.0
A. # Documented Refusals	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# Gonorrhea Screens Needed for Key STIs-Male UP Pts	4		4			7		
# Needed GC Screens Performed/Refused	2	50.0	4	100.0	-50.0	6	85.7	-35.7
A. # Documented Refusals	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# Gonorrhea Screens Needed for Key STIs-Female UP Pts	18		4			1		
# Needed GC Screens Performed/Refused	9	50.0	1	25.0	+25.0	0	0.0	+50.0
A. # Documented Refusals	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# HIV/AIDS Screens Needed for Key STIs-UP Pts	21		2			1		
# Needed HIV/AIDS Screens Performed/Refused	7	33.3	0	0.0	+33.3	0	0.0	+33.3
A. # Documented Refusals	1	4.8	0	0.0	+4.8	0	0.0	+4.8

*** IHS 2008 Selected Measures with Community Specified Report ***
DEMO INDIAN HOSPITAL
Report Period: Jan 01, 2007 to Dec 31, 2007
Previous Year Period: Jan 01, 2006 to Dec 31, 2006
Baseline Period: Jan 01, 2000 to Dec 31, 2000

Sexually Transmitted Infection (STI) Screening (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# HIV/AIDS Screens Needed for Key STIs-Male UP Pts	1		0			0		
# Needed HIV/AIDS Screens Performed/Refused	0	0.0	0	0.0	+0.0	0	0.0	+0.0
A. # Documented Refusals	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# HIV/AIDS Screens Needed for Key STIs-Female UP Pts	20		2			1		
# Needed HIV/AIDS Screens Performed/Refused	7	35.0	0	0.0	+35.0	0	0.0	+35.0
A. # Documented Refusals	1	5.0	0	0.0	+5.0	0	0.0	+5.0
# Syphilis Screens Needed for Key STIs-UP Pts	25		7			8		
# Needed Syphilis Screens Performed/Refused	5	20.0	0	0.0	+20.0	1	12.5	+7.5
A. # Documented Refusals	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# Syphilis Screens Needed for Key STIs-Male UP Pts	3		4			7		
# Needed Syphilis Screens Performed/Refused	0	0.0	0	0.0	+0.0	0	0.0	+0.0
A. # Documented Refusals	0	0.0	0	0.0	+0.0	0	0.0	+0.0

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Sexually Transmitted Infection (STI) Screening (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# Syphilis Screens Needed for Key STIs-Female UP Pts	22		3			1		
# Needed Syphilis Screens Performed/Refused	5	22.7	0	0.0	+22.7	1	100.0	-77.3
A. # Documented Refusals	0	0.0	0	0.0	+0.0	0	0.0	+0.0

Osteoporosis Management

Denominator(s):
Female Active Clinical patients ages 67 and older who had a new fracture occurring six months (180 days) prior to the Report period through the first six months of the Report period with no osteoporosis screening or treatment in year prior to the fracture.
Female User Population patients ages 67 and older who had a new fracture occurring six months (180 days) prior to the Report period through the first six months of the Report period with no osteoporosis screening or treatment in year prior to the fracture.

Numerator(s):
Patients treated or tested for osteoporosis after the fracture.

Logic:
Age is calculated at the beginning of the Report period. Fractures do not include fractures of finger, toe, face, or skull. CRS will search for the first (i.e. earliest) fracture during the period six months (180) days prior to the beginning of the Report period and the first six months of the Report period. If multiple fractures are present, only the first fracture will be used.

The Index Episode Start Date is the date the fracture was diagnosed. If the fracture was diagnosed at an outpatient visit (Service Category A, S, or O), the Index Episode Start Date is equal to the Visit Date. If diagnosed at an inpatient visit (Service Category H), the Index Episode Start Date is equal to the Discharge Date.

Denominator Exclusions

1. Patients receiving osteoporosis screening or treatment in the year (365 days) prior to the Index Episode Start Date. Osteoporosis screening or treatment is defined as a Bone Mineral Density (BMD) test (see below for codes) or receiving any osteoporosis therapy medication (see below for codes).

2. Patients with a fracture diagnosed at an outpatient visit who ALSO had a fracture within 60 days prior to the Index Episode Start Date.

3. Patients with a fracture diagnosed at an inpatient visit who ALSO had a fracture within 60 days prior to the ADMISSION DATE.

Osteoporosis treatment and testing is defined as: 1) For fractures diagnosed at an outpatient visit: A) A non-discontinued prescription within six months (180 days) of the Index Episode Start Date (i.e. visit date) or B) a BMD test within six months of the Index Episode Start

Date. 2) For fractures diagnosed at an inpatient visit, a BMD test performed during the inpatient stay.

Fracture codes: 1) CPTs: 21800-21825, 22305-22328, 22520, 22521, 22523, 22524, 23500-23515, 23570-23630, 23665-23680, 24500-24587, 24620, 24635, 24650-24685, 25500-25609, 25611 (old code), 25620 (old code), 25622-25652, 25680, 25685, 27193-27248, 27254, 27500-27514, 27520-27540, 27750-27828, S2360, S2362; 2) POVs: 733.1*, 805*-806*, 807.0*-807.4, 808*-815*, 818*-825*, 827*, 828*; 3) V Procedure: 79.01-79.03, 79.05-79.07, 79.11-79.13, 79.15-79.17, 79.21-79.23, 79.25-79.27, 79.31-79.33, 79.35-79.37, 79.61-79.63, 79.65-79.67, 81.65-81.66.

BMD Test codes: 1) CPT: 77078, 76070 (old code), 77079, 76071 (old code), 77080, 76075 (old code), 77081, 76076 (old code), 77083, 76078 (old code), 76977, 78350, 78351, G0130; 2) V Procedure 88.98; 3) POV V82.81.

Treatment medication codes defined with medication taxonomy BGP HEDIS OSTEOPOROSIS DRUGS. (Medications are: Alendronate, Alendronate-Cholecalciferol (Fosomax Plus D), Ibandronate (Boniva), Risedronate, Calcitonin, Raloxifene, Estrogen, Injectable Estrogens, and Teriparatide.)

Performance Measure Description:
Increase the rate of testing and/or treatment for osteoporosis after fracture.

Source:
HEDIS

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Female Active Clinical Pts 67 and older w/fracture	8		0			0		
# w/osteoporosis treatment or testing	3	37.5	0	0.0	+37.5	0	0.0	+37.5

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Osteoporosis Management (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Female User Pop Pts 67 and older w/fracture	9		0			0		
# w/osteoporosis treatment or testing	4	44.4	0	0.0	+44.4	0	0.0	+44.4

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Osteoporosis Screening in Women

Denominator(s):
Female Active Clinical patients ages 65 and older without a documented history of osteoporosis.
Female User Population patients ages 65 and older without a documented history of osteoporosis.

Numerator(s):
Patients who had osteoporosis screening documented in the past 2 years, including documented refusals in past year.
A: Patients with documented refusal in past year.

Logic:
Age is calculated at the beginning of the Report period.

Definition for patients without osteoporosis: No osteoporosis diagnosis ever (POV 733.*).

Osteoporosis screening defined as any one of the following in the past two years or documented refusal in the past year: 1) Central DEXA: CPT 77080, 76075 (old code); 2) Peripheral DEXA: CPT 77081, 76076 (old code); 3) SEXA: CPT G0130; 4) Central CT: CPT 77078, 76070 (old code); 5) Peripheral CT: CPT 77079, 76071 (old code); 6) US Bone Density: CPT 76977; 7) Quantitative CT: V Procedure 88.98; or 8) POV V82.81 Special screening for other conditions, Osteoporosis.

Performance Measure Description:
Increase the rate of screening women ages 65 and older for osteoporosis.

Past Performance and/or Target:
IHS 2010 Goal: 20%

Source:
TBD

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	BASE PERIOD	%	CHG from BASE %

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Baseline Period: Jan 01, 2000 to Dec 31, 2000

Osteoporosis Screening in Women (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	%	BASE PERIOD	%	CHG from BASE	%
Female Active Clinical Pts =>65	46		28				29			
# w/osteoporosis screening in past 2 years	6	13.0	0	0.0	+13.0		0	0.0	+13.0	
A. # Refusals w/ % of Total Screening	0	0.0	0	0.0	+0.0		0	0.0	+0.0	
Female User Pop Pts =>65	108		74				79			
# w/osteoporosis screening in past 2 years	6	5.6	0	0.0	+5.6		0	0.0	+5.6	
A. # Refusals w/ % of Total Screening	0	0.0	0	0.0	+0.0		0	0.0	+0.0	

Rheumatoid Arthritis Medication Monitoring

Denominator(s):
Active Clinical patients ages 16 and older diagnosed with rheumatoid arthritis (RA) prior to the Report Period and with at least two RA-related visits any time during the Report Period who were prescribed maintenance therapy medication chronically during the Report Period.

Numerator(s):
Patients who received appropriate monitoring of chronic medication during the Report Period.

Logic:
Age is calculated at the beginning of the Report period.

Rheumatoid arthritis (RA) defined as diagnosis (POV or Problem List) 714.* prior to the Report period, and at least two RA POVs during the Report period.

For all maintenance therapy medications EXCEPT intramuscular gold, each medication must be prescribed within the past 465 days of the end of the Report Period (i.e. the Medication Period) and the sum of the days supply =>348. This means the patient must have been on the medication at least 75% of the Medication Period. Two examples are shown below to illustrate this logic.

Example of Patient Not on Chronic Medication (not included in Denominator):
Report Period: Jan 1 Dec 31, 2005
Medication Period: 465 days from end of Report Period (Dec 31, 2005): Sep 22, 2004 - Dec 31, 2005
Medication Prescribed:
Diclofenac: 1st Rx: Oct 15, 2004, Days Supply=90; 2nd Rx: Jan 1, 2005: Days Supply=90; 3rd Rx: Mar 15, 2005: Days Supply=90.
Total Days Supply=270. 270 is not >348. Patient is not considered on chronic medication and is not included in the denominator.

Example of Patient on Chronic Medication (included in Denominator):
Report Period: Jan 1 Dec 31, 2005
Medication Period: 465 days from end of Report Period (Dec 31, 2005): Sep 22, 2004 - Dec 31, 2005
Medications Prescribed:
Sulfasalazine: 1st Rx: Sep 30, 2004, Days Supply=90; 2nd Rx: Dec 30, 2004, Days Supply=90; 3rd Rx: Mar 15, 2005: Days Supply=180.

Total Days Supply=360. 360 is >348. Patient is considered on chronic medication and is included in denominator.

The days supply requirement may be met with a single prescription or from a combination of prescriptions for the same medication that were filled during the Medication Period. However, for all medications, there must be at least one prescription filled during the Report period.

NOTE: If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2003, Discontinued Date=11/19/2003, Recalculated # Days Prescribed=4.

For intramuscular gold, the patient must have 12 or more prescriptions during the Report Period.

Appropriate monitoring of rheumatoid arthritis medications is defined with lab tests and varies by medication, as shown in the table below. If patient is prescribed two or more types of medications, patient must meet criteria for all of the medications.

Maintenance Therapy Medications defined as:

1) Medications shown in table below. EXCEPT for Gold, Intramuscular, all medications requiring more than one of each type of test during the Report Period, there must be a minimum of 10 days between tests. For example, if a Sulfasalazine test was performed on March 1, March 7, and March 21, 2005, the March 7 test will not be counted since it was performed only 6 days after the March 1 test.

MEDICATION	REQUIRED MONITORING TEST(S)
Gold, Intramuscular	CBC and Urine Protein on same day as each injection during Report Period.
Azathrioprine or Sulfasalazine	4 CBCs during the Report Period.
Leflunomide or Methotrexate	6 each of CBC, Serum Creatinine, and Liver Function Tests during the Report Period.
Cyclosporin	CBC, Liver Function Tests, and Potassium within past 180 days from Report Period end date. 12 Serum Creatinine tests during the

	Report Period.
Gold, Oral or Penicillamine	4 each of CBC and Urine Protein during the Report Period.
Mycophenolate	CBC within past 180 days from Report Period end date.

The medications in the above table are defined with medication taxonomies: BGP RA IM GOLD MEDS, BGP RA AZATHIOPRINE MEDS, BGP RA LEFLUNOMIDE MEDS, BGP RA METHOTREXATE MEDS, BGP RA CYCLOSPORINE MEDS, BGP RA ORAL GOLD MEDS, BGP RA MYCOPHENOLATE MEDS, BGP RA PENICILLAMINE MEDS, BGP RA SULFASALAZINE MEDS.

2) NSAID medications: Diclofenac, Etodolac, Indomethacin, Ketorolac, Sulindac, Tolmetin, Meclofenamate, Mefanamic Acid, Nabumetone, Meloxicam, Piroxicam, Fenoprofen, Flurbiprofen, Ibuprofen, Ketoprofen, Naproxen, Oxaprozin, Aspirin, Choline Magnesium Trisalicylate, Diflunisil, Magnesium Salicylate, Celocoxib. All of these medications EXCEPT aspirin are defined with medication taxonomy BGP RA OA NSAID MEDS. Aspirin defined with medication taxonomy DM AUDIT ASPIRIN DRUGS. All of the NSAID medications must have Creatinine, Liver Function Tests, and CBC during the Report Period.

3) Glucocorticoid medications: Dexamethasone, Methylprednisolone, Prednisone, Hydrocortisone, Betamethasone, Prednisonolone, Triamcinolone. These medications defined with medication taxonomy BGP RA GLUCOCORTICOIDS MEDS. Glucocorticoids must have a glucose test, which must be performed during the Report Period.

Example of Patient Not Included in Numerator:
Medications Prescribed and Required Monitoring:
Gold, Oral, last Rx Jun 15, 2005. Requires CBC and Urine Protein within past 90 days of Report Period end date.
CBC performed on Dec 1, 2005, which is within past 90 days of Report Period end date of Dec 31, 2005. No Urine Protein performed during that period. Patient is not in numerator.

Example of Patient Included in Numerator:
Medications Prescribed and Required Monitoring:
Diclofenac, last Rx Sep 1, 2005. Requires LFT and CBC during Report Period.
Mycophenolate, last Rx Mar 10, 2005. Requires CBC within past 180 days from Report Period end date.
LFT and CBC performed during Report Period. CBC performed Nov 1, 2005, which is within past 180 days of Report Period end date of Dec 31, 2005. Patient is in numerator.

*** IHS 2008 Selected Measures with Community Specified Report ***
DEMO INDIAN HOSPITAL
Report Period: Jan 01, 2007 to Dec 31, 2007
Previous Year Period: Jan 01, 2006 to Dec 31, 2006
Baseline Period: Jan 01, 2000 to Dec 31, 2000

Monitoring Test Definitions:

CBC (Complete Blood Count): CPT 85025, 85027; site-populated taxonomy BGP CBC TESTS; or LOINC taxonomy.

Urine Protein: Site-populated taxonomy DM AUDIT URINE PROTEIN TAX or LOINC taxonomy.

Serum Creatinine: CPT 82540, 82565-75; site-populated taxonomy DM AUDIT CREATININE TAX; or LOINC taxonomy.

Liver Function Tests: Any one of the following: (1) ALT: CPT 84460, site-populated taxonomy DM AUDIT ALT TAX, or LOINC taxonomy; (2) AST: CPT 84450, site-populated taxonomy DM AUDIT AST TAX, or LOINC taxonomy; OR (3) Liver Function: CPT 80076, site-populated taxonomy BGP LIVER FUNCTION TESTS, or LOINC taxonomy.

Glucose: CPT 82947, 82948, 82950, 82951, 82952, 82962; site-populated taxonomy DM AUDIT GLUCOSE TESTS TAX; or LOINC taxonomy.

Potassium: CPT 84132; site-populated taxonomy BGP POTASSIUM TESTS; or LOINC taxonomy.

Performance Measure Description:
Increase the rate of patients with rheumatoid arthritis (RA) who are on RA medication and are being monitored.

Source:
TBD

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	BASE PERIOD	%	CHG from BASE
Active Clinical Pts =>16 w/RA DX and maintenance therapy RX	4		0			0		
# w/RA chronic med monitoring	2	50.0	0	0.0	+50.0	0	0.0	+50.0

Osteoarthritis Medication Monitoring

Denominator(s):
Active Clinical patients ages 40 and older diagnosed with osteoarthritis (OA) prior to the Report Period and with at least two OA-related visits any time during the Report Period and prescribed maintenance therapy medication chronically during the Report Period.

Numerator(s):
Patients who received appropriate monitoring of chronic medication during the Report Period.

Logic:
Age is calculated at the beginning of the Report period.

Osteoarthritis (OA) defined as diagnosis (POV or Problem List) 715.* prior to the Report period, and at least two OA POVs during the Report period.

For all maintenance therapy medications, each medication must be prescribed within the past 465 days of the end of the Report Period (i.e. the Medication Period) and the sum of the days supply =>348. This means the patient must have been on the medication at least 75% of the Medication Period. Two examples are shown below to illustrate this logic.

Example of Patient Not on Chronic Medication (not included in Denominator):
Report Period: Jan 1 Dec 31, 2005
Medication Period: 465 days from end of Report Period (Dec 31, 2005): Sep 22, 2004 - Dec 31, 2005
Medication Prescribed:
Diclofenac: 1st Rx: Oct 15, 2004, Days Supply=90; 2nd Rx: Jan 1, 2005: Days Supply=90; 3rd Rx: Mar 15, 2005: Days Supply=90.
Total Days Supply=270. 270 is not >348. Patient is not considered on chronic medication and is not included in the denominator

Example of Patient on Chronic Medication (included in Denominator):
Report Period: Jan 1 Dec 31, 2005
Medication Period: 465 days from end of Report Period (Dec 31, 2005): Sep 22, 2004 - Dec 31, 2005
Medication Prescribed:
Etodolac: 1st Rx: Sep 30, 2004, Days Supply=90; 2nd Rx: Dec 30, 2004, Days Supply=90; 3rd Rx: Mar 15, 2005: Days Supply =180.
Total Days Supply=360. 360 is >348. Patient is considered on

chronic medication and is included in denominator.

The days supply requirement may be met with a single prescription or from a combination of prescriptions for the same medication that were filled during the Medication Period. However, for all medications, there must be at least one prescription filled during the Report period.

NOTE: If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2003, Discontinued Date=11/19/2003, Recalculated # Days Prescribed=4.

Appropriate monitoring of osteoarthritis medications is defined with lab tests and varies by medication, as shown below.

Maintenance Therapy Medications defined with the following NSAID medications: Diclofenac, Etodolac, Indomethacin, Ketorolac, Sulindac, Tolmetin, Meclofenamate, Mefanamic Acid, Nabumetone, Meloxicam, Piroxicam, Fenoprofen, Flurbiprofen, Ibuprofen, Ketoprofen, Naproxen, Oxaprozin, Aspirin, Choline Magnesium Trisalicylate, Diflunisil, Magnesium Salicylate, Celocoxib. All of these medications EXCEPT aspirin are defined with medication taxonomy BGP RA OA NSAID MEDS. Aspirin defined with medication taxonomy DM AUDIT ASPIRIN DRUGS.

All NSAID medications must have Creatinine, Liver Function Tests and CBC during the Report Period.

Example of Patient Not Included in Numerator:
Medication Prescribed and Required Monitoring:
Diclofenac, last Rx Jun 15, 2005. Requires Creatinine, LFT, and CBC during Report Period.
Only the LFT was performed during Report Period. Patient is not in numerator.

Example of Patient Included in Numerator:
Medication Prescribed and Required Monitoring:
Diclofenac, last Rx Sep 1, 2005. Requires Creatinine, LFT, and CBC during Report Period.
Creatinine, LFT, and CBC performed during Report Period.
Patient is in the numerator.

Monitoring Test Definitions:

Serum Creatinine definition: CPT 82540, 82565-75; LOINC taxonomy; site-populated taxonomy DM AUDIT CREATININE TAX.

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Baseline Period: Jan 01, 2000 to Dec 31, 2000

CBC (Complete Blood Count): CPT 85025, 85027; site-populated taxonomy BGP CBC TESTS; or LOINC taxonomy.

Liver Function Tests: Any one of the following: (1) ALT: CPT 84460, site-populated taxonomy DM AUDIT ALT TAX, or LOINC taxonomy; (2) AST: CPT 84450, site-populated taxonomy DM AUDIT AST TAX, or LOINC taxonomy; OR (3) Liver Function: CPT 80076, site-populated taxonomy BGP LIVER FUNCTION TESTS, or LOINC taxonomy.

Performance Measure Description:
Increase the rate of patients with osteoarthritis (OA) who are on OA medication and are being monitored.

Source:
TBD

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts =>40 w/OA DX and maintenance therapy RX	4		6			4		
# w/OA chronic med monitoring	2	50.0	3	50.0	+0.0	2	50.0	+0.0

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DEMO INDIAN HOSPITAL
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Baseline Period: Jan 01, 2000 to Dec 31, 2000

Asthma

Denominator(s):
Active Clinical patients.
A: Active Clinical users under age 5.
B: Active Clinical users ages 5 to 64.
C: All Active Clinical users ages 65 and older.
Numerator 1 (Patients who have had two asthma-related visits during the Report Period or categorized in ARS as persistent.)
Numerator 1, under age 5
Numerator 1, ages 5-64
Numerator 1, ages 65 and older

Numerator(s):
Patients who have had two asthma-related visits during the Report Period or categorized in ARS as persistent.
A. Patients from Numerator 1 who have been hospitalized at any hospital for asthma during the Report Period.

Logic:
Age is calculated at beginning of the Report Period. Asthma visits are defined as diagnosis (PV) 493.*. Persistent asthma is defined in ARS for Active patients as Severity 2, 3 or 4. Hospitalizations defined as service category H with primary POV 493.*.

Performance Measure Description:
Reduce percentage of asthmatic patients who are hospitalized for asthma.

Past Performance and/or Target:
Hospitalizations: HP 2010 Goal Under 5: 25 per 10,000; 5-64: 7.7 per 10,000; 65 and older: 11 per 10,000

Source:
HP 2010 24-2a; -2b, -2c.

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Asthma (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Total Active Clinical Patients	1,396		1,142			1,099		
# w/asthma	34	2.4	33	2.9	-0.5	25	2.3	+0.2
A. Under 5	9	26.5	13	39.4	-12.9	12	48.0	-21.5
B. 5-64	22	64.7	19	57.6	+7.1	11	44.0	+20.7
C. 65 and older	3	8.8	1	3.0	+5.8	2	8.0	+0.8
# w/asthma	34		33			25		
# w/asthma hospitalization	0	0.0	1	3.0	-3.0	2	8.0	-8.0
A. Under 5	0	0.0	0	0.0	+0.0	1	50.0	-50.0
B. 5-64	0	0.0	1	100.0	-100.0	1	50.0	-50.0
C. 65 and older	0	0.0	0	0.0	+0.0	0	0.0	+0.0

Asthma Quality of Care

Denominator(s):
Active Clinical patients ages 5-56 with persistent asthma within the year prior to the beginning of the Report period and during the Report period, without a documented history of emphysema or chronic obstructive pulmonary disease (COPD).
A: Active Clinical patients ages 5-9.
B: Active Clinical patients ages 10-17.
C: Active Clinical patients ages 18-56.
User Population patients ages 5-56 with persistent asthma within the year prior to the beginning of the Report period and during the Report period, without a documented history of emphysema and chronic obstructive pulmonary disease (COPD).
A: User Population patients ages 5-9.
B: User Population patients ages 10-17.
C: User Population patients ages 18-56.

Numerator(s):
Patients who had at least one dispensed prescription for primary asthma therapy medication during the Report period.

Logic:
Age of the patient is calculated at the beginning of the Report period. Patients diagnosed with emphysema or COPD at any time on or before the end of the Report period are excluded from the denominator. Emphysema defined as any visit with POV codes: 492.*, 506.4, 518.1, 518.2. Chronic obstructive pulmonary disease (COPD) defined as any visit with POV codes: 491.20, 491.21, 491.22, 493.2*, 496, 506.4.

Persistent asthma defined as:

A) Meeting any of the following four criteria below within the year prior to the beginning of the Report period AND during the Report period:
1. At least one visit to Clinic Code 30 (Emergency Medicine) with primary diagnosis 493.* (asthma),
2. At least one acute inpatient discharge with primary diagnosis 493.*. Acute inpatient discharge defined as Service Category of H,
3. At least four outpatient visits, defined as Service Categories A, S, or O, with primary or secondary diagnosis of 493.* AND at least two asthma medication dispensing events (see definition below),
4. At least 4 asthma medication dispensing events (see definition below). If the sole medication was leukotriene modifiers, then MUST also meet criteria in 1-3 above or have at least one visit with POV 493.* in the same year as the leukotriene modifier (i.e. during the Report period or within the year prior to the beginning of the Report period.), OR

B) Categorized in the Asthma Register System (ARS) at ANY time before the end of the Report period as Active patient with Severity 2, 3 or 4.

A dispensing event is one prescription of an amount lasting 30 days or less. For RXs longer than 30 days, divide the days' supply by 30 and round down to convert. For example, a 100-day RX is equal to three dispensing events (100/30 = 3.33, rounded down to 3). Also, two different RXs dispensed on the same day are counted as two different dispensing events. Inhalers should also be counted as one dispensing event.

NOTE: If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2003, Discontinued Date=11/19/2003, Recalculated # Days Prescribed=4.

Asthma medication codes for denominator defined with medication taxonomies: BGP HEDIS ASTHMA MEDS, BGP HEDIS ASTHMA LEUK MEDS, BGP HEDIS ASTHMA INHALED MEDS. (Medications are: Inhaled Corticosteroids, Nedocromil, Cromolyn Sodium, Leukotriene Modifiers, Methylxanthines, Long-acting, inhaled beta-2 agonists, or Short-acting, inhaled beta-2 agonists.)

To be included in the numerator, patient must have a non-discontinued prescription for primary asthma therapy (see list of medications below) during the Report period.

Primary asthma therapy medication codes for numerator defined with medication taxonomy: BGP HEDIS PRIMARY ASTHMA MEDS Medications are: Inhaled Corticosteroids, Nedocromil, Cromolyn Sodium, Leukotriene Modifiers or Methylxanthines.)

Performance Measure Description:
Increase the rate for patients with persistent asthma who have received primary asthma therapy medication.

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DEMO INDIAN HOSPITAL

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Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Asthma Quality of Care (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts 5-56 w/persistent asthma	8		6			4		
# w/asthma control medication	8	100.0	5	83.3	+16.7	3	75.0	+25.0
A. Active Clinical ages 5-9	4		2			1		
# w/asthma control medication	4	100.0	1	50.0	+50.0	1	100.0	+0.0
B. Active Clinical ages 10-17	2		2			1		
# w/asthma control medication	2	100.0	2	100.0	+0.0	0	0.0	+100.0
C. Active Clinical ages 18-56	2		2			2		
# w/asthma control medication	2	100.0	2	100.0	+0.0	2	100.0	+0.0
User Pop Pts 5-56 w/persistent asthma	8		6			4		
# w/asthma control medication	8	100.0	5	83.3	+16.7	3	75.0	+25.0

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Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Asthma Quality of Care (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
A. User Pop ages 5-9	4		2			1		
# w/asthma control medication	4	100.0	1	50.0	+50.0	1	100.0	+0.0
B. User Pop ages 10-17	2		2			1		
# w/asthma control medication	2	100.0	2	100.0	+0.0	0	0.0	+100.0
C. User Pop ages 18-56	2		2			2		
# w/asthma control medication	2	100.0	2	100.0	+0.0	2	100.0	+0.0

Asthma and Inhaled Steroid Use

Denominator(s):
Active Clinical patients ages 1 or older who are categorized in ARS as persistent or who have had two asthma-related visits during the Report Period. Broken down into age groups: 1-4, 5-19, 20-44, 45-64, and 65+.
User Population patients ages 1 or older who are categorized in ARS as persistent or who have had two asthma-related visits during the Report Period. Broken down into age groups: 1-4, 5-19, 20-44, 45-64, and 65+.

Numerator(s):
Patients prescribed an inhaled corticosteroid during the Report Period.

Logic:
Age of the patient is calculated at the beginning of the Report period.

Denominator Exclusion: Patients with intermittent asthma, defined as active in the Asthma Register System (ARS) and with a severity of 1 during the report period.

Asthma definition: CRS will first search the Asthma Register System (ARS) to see if the patient has persistent asthma, which is defined as active in the ARS and has a severity of 2, 3, or 4 during the report period. If the patient does not meet the criteria, then CRS will search for two asthma-related visits during the Report Period. Asthma-related visit defined as any primary or secondary POV of asthma 493.*.

NOTE: For facilities not using asthma staging (severity assessment) in the ARS, CRS will rely on visit criteria for this assessment. This will result in patients with intermittent asthma being included in the denominator. The Expert Guideline driven method for managing patients with asthma is by staging them in the ARS. Doing so will improve the accuracy of the information reported by CRS.

To be included in the numerator, patient must have a non-discontinued prescription for an inhaled corticosteroid during the Report period. Inhaled corticosteroid medications defined with medication taxonomy BGP ASTHMA INHALED STEROIDS. (Medications are: Mometasone (Asmanex), Beclovent, Qvar, Vancenase, Vanceril, Vanceril DS, Bitolerol (Tornalate), Pulmicort, Pulmicort Respules, Pulmicort Turbohaler, Salmeterol/fluticasone (Advair), Triamcinolone (Azmacort), Fluticasone (Flovent).)

Performance Measure Description:
Increase the rate of patients with asthma who were prescribed an inhaled corticosteroid during the Report Period.

Past Performance and/or Target:

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DEMO INDIAN HOSPITAL

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Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

IHS 2010 Goal: 60.0%

Source:
HP 2010, 24-7 measure (developmental), National Health Interview Survey (NHIS), CDC, NCHS

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Ages 1 and older with asthma	34		29			20		
# w/ Inhaled Steroid Rx	15	44.1	7	24.1	+20.0	2	10.0	+34.1
Active Clinical ages 1-4 with asthma	9		9			7		
# w/ Inhaled Steroid Rx	2	22.2	1	11.1	+11.1	1	14.3	+7.9
Active Clinical ages 5-19 with asthma	13		9			7		
# w/Inhaled Steroid Rx	7	53.8	3	33.3	+20.5	0	0.0	+53.8
Active Clinical ages 20-44 with asthma	4		7			4		
# w/ Inhaled Steroid Rx	3	75.0	2	28.6	+46.4	0	0.0	+75.0
Active Clinical ages 45-64 with asthma	5		3			0		
# w/ Inhaled Steroid Rx	3	60.0	1	33.3	+26.7	0	0.0	+60.0

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DEMO INDIAN HOSPITAL

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Baseline Period: Jan 01, 2000 to Dec 31, 2000

Asthma and Inhaled Steroid Use (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical ages 65 and older with asthma	3		1			2		
# w/ Inhaled Steroid Rx	0	0.0	0	0.0	+0.0	1	50.0	-50.0
User Pop Ages 1 and older with asthma	34		30			22		
# w/ Inhaled Steroid Rx	15	44.1	7	23.3	+20.8	2	9.1	+35.0
User pop ages 1-4 with asthma	9		10			7		
# w/ Inhaled Steroid Rx	2	22.2	1	10.0	+12.2	1	14.3	+7.9
User Pop ages 5-19 with asthma	13		9			7		
# w/ Inhaled Steroid Rx	7	53.8	3	33.3	+20.5	0	0.0	+53.8
User Pop ages 20-44 with asthma	4		7			6		
# w/ Inhaled Steroid Rx	3	75.0	2	28.6	+46.4	0	0.0	+75.0

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DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Asthma and Inhaled Steroid Use (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
User Pop ages 45-64 with asthma	5		3			0		
# w/ Inhaled Steroid Rx	3	60.0	1	33.3	+26.7	0	0.0	+60.0
User Pop ages 65 and older with asthma	3		1			2		
# w/ Inhaled Steroid Rx	0	0.0	0	0.0	+0.0	1	50.0	-50.0

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Chronic Kidney Disease Assessment

Denominator(s):
Active Clinical patients ages 18 and older with serum creatinine test during the Report Period.
User Population patients ages 18 and older with serum creatinine test during the Report Period.

Numerator(s):
Patients with Estimated GFR.
A: Patients with GFR less than (<) 60
B: Patients with normal GFR (i.e. >=60).

Logic:
Age is calculated at beginning of the Report Period.
Creatinine definition: CPT 82540, 82565-75; LOINC taxonomy; site-populated taxonomy DM AUDIT CREATININE TAX. Estimated GFR definition: site-populated taxonomy BGP GPRA ESTIMATED GFR TAX; LOINC code 33914-3.

For the GFR <60 numerator, CRS will include GFR results containing a numeric value less than 60 or with a value of "<60". For the normal GFR (>=60) numerator, CRS will include GFR results containing a numeric value equal to or greater than 60 or with a value of ">60".

Performance Measure Description:
Increase the rate of patients who are assessed for chronic kidney disease.

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts => 18 with Serum Creatinine test	269		257			221		
# w/Est GFR	182	67.7	0	0.0	+67.7	0	0.0	+67.7
A. # w/ GFR <60	34	12.6	0	0.0	+12.6	0	0.0	+12.6
B. # w/Normal GFR (>=60)	148	55.0	0	0.0	+55.0	0	0.0	+55.0

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Baseline Period: Jan 01, 2000 to Dec 31, 2000

Chronic Kidney Disease Assessment (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
User Pop Pts =>18 with Serum Creatinine	332		311			261		
# w/ Est GFR	217	65.4	0	0.0	+65.4	0	0.0	+65.4
A. # w/GFR <60	37	11.1	0	0.0	+11.1	0	0.0	+11.1
B. # w/Normal GFR (>=60)	179	53.9	0	0.0	+53.9	0	0.0	+53.9

Prediabetes/Metabolic Syndrome

Denominator(s):
Active Clinical patients ages 18 and older diagnosed with prediabetes/metabolic syndrome without a documented history of diabetes.
User Population patients ages 18 and older diagnosed with prediabetes/metabolic syndrome without a documented history of diabetes.

Numerator(s):
Patients with Blood Pressure documented at least twice during the Report Period.
Patients with LDL completed, regardless of result, during the Report Period.
Patients with fasting glucose test, regardless of result, during the Report Period.
Patients with nephropathy assessment, defined as an estimated GFR AND a quantitative urinary protein assessment during the Report period OR with evidence of diagnosis and/or treatment of ESRD at any time before the end of the Report period.
Patients who have been screened for tobacco use during the Report Period.
Patients for whom a BMI could be calculated, including refusals in the past year.
Patients who have received any lifestyle adaptation counseling, including medical nutrition counseling, or nutrition, exercise or other lifestyle education during the Report Period.
Patients screened for depression or diagnosed with a mood disorder at any time during the Report period, including documented refusals in past year.
Patients with all screenings (BP, LDL, fasting glucose, nephropathy assessment, tobacco screening, BMI, lifestyle counseling, and depression screening).

Logic:
Age is calculated at beginning of the Report Period.

Prediabetes/Metabolic Syndrome defined as:

1. Diagnosis of prediabetes/metabolic syndrome, defined as: Two visits during the Report Period with POV 277.7, OR

2. One each of at least three different conditions listed below, occurring during the Report Period except as otherwise noted:

A. BMI => 30 OR Waist Circumference >40 inches for men or >35 inches for women,
B. Triglyceride value >=150,
C. HDL value <40 for men or <50 for women,
D. Patient diagnosed with hypertension OR mean Blood Pressure value =>

130/85 where systolic is =>130 OR diastolic is =>85,
E. Fasting Glucose value =>100 AND <126. NOTE: Waist circumference and fasting glucose values will be checked last.

Definition for patients without diabetes: No diabetes diagnosis ever (POV 250.00-250.93).

Tests/Other Definitions:
1. BMI: CRS calculates BMI at the time the report is run, using NHANES II. For 18 and under, a height and weight must be taken on the same day any time during the Report Period. For 19 through 50, height and weight must be recorded within last 5 years, not required to be on the same day. For over 50, height and weight within last 2 years, not required to be recorded on same day. Refusals include REF (refused), NMI (not medically indicated) and UAS (unable to screen) and must be documented during the past year. For ages 18 and under, both the height and weight must be refused on the same visit at any time during the past year. For ages 19 and older, the height and the weight must be refused during the past year and are not required to be on the same visit;

2. Triglyceride: LOINC taxonomy or site-populated taxonomy DM AUDIT TRIGLYCERIDE TAX with a non-null, numeric result;

3. HDL: LOINC taxonomy or site-populated taxonomy DM AUDIT HDL TAX with a non-null, numeric result;

4. Fasting Glucose: Denominator Definition: LOINC taxonomy or site-populated taxonomy DM AUDIT FASTING GLUCOSE TESTS with a non-null, numeric result; Numerator Definition: POV 790.21; LOINC taxonomy; or site-populated taxonomy DM AUDIT FASTING GLUCOSE TESTS;

5. LDL: Finds last test done during the Report period; defined as: CPT 80061, 83700, 83701, 83704, 83715 (old code), 83716 (old code), 83721, 3048F, 3049F, 3050F; LOINC taxonomy; or site-populated taxonomy DM AUDIT LDL CHOLESTEROL TAX;

6. Blood Pressure: CRS uses mean of last 3 Blood Pressures documented on non-ER visits during the Report Period. If 3 BPs are not available, uses mean of last 2 non-ER BPs. If a visit contains more than 1 BP, the lowest BP will be used, defined as having the lowest systolic value. The mean Systolic value is calculated by adding the last 3 (or 2) systolic values and dividing by 3 (or 2). The mean Diastolic value is calculated by adding the diastolic values from the last 3 (or 2) blood pressures and dividing by 3 (or 2).

For the BP documented numerator, if CRS is not able to calculate a mean BP, it will search for CPT 3077F or 3080F during the Report Period.

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7. Hypertension: Diagnosis of (POV or problem list) 401.* occurring prior to the Report period, and at least one hypertension POV during the Report period.

8. Nephropathy assessment definition:

A. Estimated GFR with result during the Report Period, defined as any of the following: Site-populated taxonomy BGP GPRA ESTIMATED GFR TAX or LOINC taxonomy, AND

B. Quantitative Urinary Protein Assessment during the Report Period, defined as any of the following: CPT 82042, 82043, or 84156; LOINC taxonomy; or site-populated taxonomy BGP QUANT URINE PROTEIN (NOTE: Be sure and check with your laboratory supervisor that the names you add to your taxonomy reflect quantitative test values); OR

End Stage Renal Disease diagnosis/treatment defined as any of the following ever: A) V CPT 36145, 36800, 36810, 36815, 36818, 36819, 36820, 36821, 36831-36833, 50300, 50320, 50340, 50360, 50365, 50370, 50380, 90918-90925, 90935, 90937, 90939, 90940, 90945, 90947, 90989, 90993, 90997, 90999, 99512, G0257, G0308-G0327, or S9339; B) V POV 585.5, 585.6, V42.0, V45.1, or V56.*; C) V Procedure 38.95, 39.27, 39.42, 39.43, 39.53, 39.93-39.95, 54.98, or 55.6*.

9. Tobacco Screening: At least one of the following during the Report Period: 1. Any health factor for category Tobacco documented during Current Report period; 2. Tobacco-related diagnoses (POV or current Active Problem List) 305.1, 305.1* (old codes), 649.00-649.04, or V15.82; 3. Dental code 1320; 4. Any patient education code containing "TO-", "-TO", "-SHS", 305.1, 305.1* (old codes), 649.00-649.04, or V15.82; 5. CPT 1034F, 1035F, or 1036F.

10. Lifestyle Counseling: Any of the following during the Report Period:
A. Medical nutrition counseling defined as: CPT 97802-97804, G0270, G0271; Provider codes 07, 29, 97, 99; Clinic codes 67 (dietary) or 36 (WIC),
B. Nutrition education defined as: POV V65.3 dietary surveillance and counseling or patient education codes ending "-N" (Nutrition) or "-MNT" (or old code "-DT" (Diet)) or containing V65.3,
C. Exercise education defined as: POV V65.41 exercise counseling or patient education codes ending "-EX" (Exercise) or containing V65.41,
D. Related exercise and nutrition counseling defined as: Patient education codes ending "-LA" (lifestyle adaptation) or containing "OBS-" (obesity) or 278.00 or 278.01.

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11. Depression Screening/Mood Disorder DX: Any of the following during the Report Period: A) Depression Screening: Exam Code 36, POV V79.0, or BHS problem code 14.1 (screening for depression) or refusal, defined as any PCC refusal in past year with Exam Code 36; or B) Mood Disorder DX: At least two visits in PCC or BHS during the Report period with POV for: Major Depressive Disorder, Dysthymic Disorder, Depressive Disorder NOS, Bipolar I or II Disorder, Cyclothymic Disorder, Bipolar Disorder NOS, Mood Disorder Due to a General Medical Condition, Substance-induced Mood Disorder, or Mood Disorder NOS. These POV codes are: 296.*, 291.89, 292.84, 293.83, 300.4, 301.13, or 311 or BHS POV 14 or 15.

Performance Measure Description:
Increase the proportion of patients with metabolic syndrome who receive all appropriate assessments.

Past Performance and/or Target:
BP Assessed: IHS 2010 Goal: 95%

Others: TBD

Source:
IHS Guidelines for Care of Adults with Prediabetes and/or the Metabolic Syndrome in Clinical Settings (April 2005)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts =>18 w/PreDiabetes/ Met Syn	47		40			29		
# w/ All screenings	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/ BP documented	45	95.7	35	87.5	+8.2	27	93.1	+2.6
# w/LDL done	33	70.2	27	67.5	+2.7	18	62.1	+8.1
# w/ fasting glucose	0	0.0	1	2.5	-2.5	0	0.0	+0.0
# w/ est GFR & quant UP assmt or w/ ESRD	3	6.3	1	2.4	+3.8	0	0.0	+6.3
# w/Tobacco Screening w/in 1 yr	43	91.5	33	82.5	+9.0	21	72.4	+19.1
# w/BMI calculated or refusal	47	100.0	40	100.0	+0.0	29	100.0	+0.0
# w/lifestyle adaptation counseling	20	42.6	15	37.5	+5.1	8	27.6	+15.0
# w/Depression screening, DX, or refusal	6	12.8	1	2.5	+10.3	1	3.4	+9.3

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Prediabetes/Metabolic Syndrome (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
User Pop Pts =>18 w/PreDiabetes Met Syn	48		41			29		
# w/ All screenings	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/BP documented	46	95.8	35	85.4	+10.5	27	93.1	+2.7
# w/LDL done	34	70.8	28	68.3	+2.5	18	62.1	+8.8
# w/ fasting glucose	0	0.0	1	2.4	-2.4	0	0.0	+0.0
# w/ est GFR & quant UP assmnt or w/ESRD	3	6.3	1	2.4	+3.8	0	0.0	+6.3
# w/Tobacco Screening w/in 1 yr	44	91.7	33	80.5	+11.2	21	72.4	+19.3
# w/BMI calculated or refusal	48	100.0	41	100.0	+0.0	29	100.0	+0.0
# w/lifestyle adaptation counseling	20	41.7	15	36.6	+5.1	8	27.6	+14.1
# w/Depression screening, DX, or refusal	7	14.6	1	2.4	+12.1	1	3.4	+11.1

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Medications Education

Denominator(s):
Active Clinical patients with Medications dispensed at their facility during the Report Period.
All User Population patients with Medications dispensed at their facility during the Report Period.

Numerator(s):
Patients who were provided patient education about their medications in any location.

Logic:
Patients receiving medications are identified by any entry in the VMed file for your facility. Med education defined as: any PFE code containing "M-" or "-M" or PFE codes DMC-IN (Diabetes Medicine - Insulin), FP-DPO, FP-OC, ASM-NEB, ASM-MDI, PL-NEB, PL-MDI, or FP-TD.

Performance Measure Description:
Increase the proportion of patients taking medications who are receiving patient education about their medications.

Past Performance and/or Target:
HP 2010 Goal: 95%

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts receiving medications	709		623			592		
# receiving medication educ	490	69.1	268	43.0	+26.1	81	13.7	+55.4
User Pop Pts receiving medications	943		797			753		
# receiving medication educ	601	63.7	307	38.5	+25.2	87	11.6	+52.2

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Public Health Nursing

Denominator(s):
All User Population patients.
Number of visits to User Population patients by PHNs in any setting, including Home.
A. Number of visits to patients ages 0-28 days (Neonate) in any setting.
B. Number of visits to patients ages 29 days - 12 months (infants) in any setting.
C. Number of visits to patients ages 1-64 years in any setting.
D. Number of visits to patients ages 65 and older (Elders) in any setting.
E. Number of PHN driver/interpreter (provider code 91) visits.
Number of visits to User Population patients by PHNs in Home setting.
A. Number of Home visits to patients age 0-28 days (Neonate)
B. Number of Home visits to patients age 29 days to 12 months (Infants)
C. Number of Home visits to patients ages 1-64 years
D. Number of Home visits to patients aged 65 and over (Elders).
E. Number of PHN driver/interpreter (provider code 91) visits in a HOME setting.

Numerator(s):
For User Population only, the number of patients in the denominator served by PHNs in any setting, including Home.
For User Population only, the number of patients in the denominator served by a PHN driver/interpreter in any setting.
For User Population only, the number of patients in the denominator served by PHNs in a HOME setting.
For User Population only, the number of patients in the denominator served by a PHN driver/interpreter in a HOME Setting.
No numerator: count of visits only.

Logic:
PHN visit is defined as any visit with primary or secondary provider code 13 or 91. Home visit defined as: (1) clinic 11 and a primary or secondary provider code 13 or 91 or (2) Location Home (as defined in Site Parameters) and a primary or secondary provider code 13 or 91.

Performance Measure Description:
Increase the total number of public health nursing services (primary and secondary treatment and preventive services) provided to individuals in all settings.

Past Performance and/or Target:
IHS Performance - FY 2005 - 438,376, FY 2004 - 423,379, FY 2003 - 359,089

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	BASE PERIOD	%	CHG from BASE

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Public Health Nursing (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	%	BASE PERIOD	%	CHG from BASE	%
All User Population										
patients	2,778		2,353				2,337			
# served by PHNs in any Setting	13	0.5	13	0.6	-0.1		13	0.6	-0.1	
# served by PHN drivers/ interpreter - in any Setting	0	0.0	0	0.0	+0.0		0	0.0	+0.0	
# served by PHNs in a Home Setting	3	0.1	3	0.1	-0.0		0	0.0	+0.1	
# served by PHN drivers/interpreters in Home Setting	0	0.0	0	0.0	+0.0		0	0.0	+0.0	
Total # PHN Visits - Any Setting	18		16		+2		19		-1	
A. Ages 0-28 days	0		0		+0		0		+0	
B. Ages 29 days - 12 months	1		3		-2		0		+1	
C. Ages 1-64 years	16		13		+3		19		-3	
D. Ages 65+	1		0		+1		0		+1	
E. Driver/Interpreter visits - any setting	0		0		+0		0		+0	
Total # PHN Visits - Home Setting	5		3		+2		0		+5	
A. Ages 0-28 days	0		0		+0		0		+0	
B. Ages 29 days- 12 months	1		1		+0		0		+1	

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Public Health Nursing (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	BASE PERIOD	%	CHG from BASE
C. Ages 1-64 years	3		2		+1	0		+3
D. Ages 65+	1		0		+1	0		+1
E. Driver/interpreter visits - Home Setting	0		0		+0	0		+0

Breastfeeding Rates

Denominator(s):
Active Clinical patients who are 45-394 days old.
Active Clinical patients who are 45-394 days old who were screened for infant feeding choice at the age of two months (45-89 days).
Active Clinical patients who are 45-394 days old who were screened for infant feeding choice at the age of six months (165-209 days).
Active Clinical patients who are 45-394 days old who were screened for infant feeding choice at the age of nine months (255-299 days).
Active Clinical patients who are 45-394 days old who were screened for infant feeding choice at the age of 1 year (350-394 days).

Numerator(s):
Patients who were screened for infant feeding choice at least once.
Patients who were screened for infant feeding choice at the age of two months (45-89 days).
Patients were screened for infant feeding choice at the age of six months (165-209 days).
Patients who were screened for infant feeding choice at the age of nine months (255-299 days).
Patients who were screened for infant feeding choice at the age of 1 year (350-394 days).
Patients who, at the age of two months (45-89 days), were either exclusively or mostly breastfed.
Patients who, at the age of six months (165-209 days), were either exclusively or mostly breastfed.
Patients who, at the age of nine months (255-299 days), were either exclusively or mostly breastfed.
Patients who, at the age of 1 year (350-394 days), were either exclusively or mostly breastfed.

Logic:
Age of the patient is calculated at the beginning of the Report period. The documented feeding choice from the file V Infant Feeding Choice that is closest to the exact age that is being assessed will be used. For example, if a patient was assessed at 45 days old as 1/2 breastfed and 1/2 formula and assessed again at 65 days old as mostly breastfed, the mostly breastfed value will be used since it is closer to the exact age of 2 months (i.e. 60 days). Another example is a patient who was assessed at 67 days as mostly breastfed and again at 80 days as mostly formula. In this case, the 67 days value of mostly breastfed will be used. The other exact ages are 180 days for 6 months, 270 days for 9 months, and 365 days for 1 year.

In order to be included in the age-specific screening numerators, the patient must have been screened at the specific age range. For example,

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if a patient was screened at 6 months and was exclusively breastfeeding but was not screened at 2 months, then the patient will only be counted in the 6 months numerator.

Performance Measure Description:
Increase the rate of 2-month olds who are mostly or exclusively breastfeeding.

Past Performance and/or Target:
HP 2010: Through 3 months: 60%, Through 6 months: 25%

Source:
HP 2010, 16-19d Exclusive breastfeeding-through 3 months, 16-19e Exclusive breastfeeding-through 6 months

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	BASE PERIOD	%	CHG from BASE %

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Breastfeeding Rates (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts 45-394 days	45		27			31		
# w/infant feeding choice screening	11	24.4	0	0.0	+24.4	1	3.2	+21.2
# w/screening @ 2 mos	4	8.9	0	0.0	+8.9	1	3.2	+5.7
# w/screening @ 6 mos	3	6.7	0	0.0	+6.7	0	0.0	+6.7
# w/screening @ 9 mos	4	8.9	0	0.0	+8.9	0	0.0	+8.9
# w/screening @ 1 yr	3	6.7	0	0.0	+6.7	0	0.0	+6.7
AC Pts 45-394 days screened @ 2 mos	4		0			1		
# @ 2 mos exclusive/ mostly breastfed	4	100.0	0	0.0	+100.0	1	100.0	+0.0
AC Pts 45-394 days screened @ 6 mos	3		0			0		
# @ 6 mos exclusive/mostly breastfed	2	66.7	0	0.0	+66.7	0	0.0	+66.7
AC Pts 45-394 days screened at 9 mos	4		0			0		
# @ 9 mos exclusive/mostly breastfed	3	75.0	0	0.0	+75.0	0	0.0	+75.0

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Breastfeeding Rates (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
AC Pts 45-394 days screened @ 1 yr	3		0			0		
# @ 1 year exclusive/mostly breastfed	2	66.7	0	0.0	+66.7	0	0.0	+66.7

Drugs to be Avoided in the Elderly

Denominator(s):
Active Clinical patients ages 65 and older, broken down by gender.
User Population patients ages 65 and older, broken down by gender.

Numerator(s):
Patients who received at least one drug to be avoided in the elderly during the Report Period.
Patients who received at least two different drugs to be avoided in the elderly during the Report Period.

Logic:
Age of the patient is calculated at the beginning of the Report period.
Drugs to be avoided in the elderly (i.e. potentially harmful drugs) defined with medication taxonomies:
- BGP HEDIS ANTIANXIETY MEDS (Meprobamate [Equagesic, Equanil, Miltown])
- BGP HEDIS ANTIEMETIC MEDS (Trimethobenzamide [Tigan])
- BGP HEDIS ANALGESIC MEDS (Ketorolac [Tordal])
- BGP HEDIS ANTIHISTAMINE MEDS (Cyproheptadine [Periactin], Dexchlorpheniramine [Polaramine], Diphenhydramine [Benadryl], Ephedrine, Hydroxyzine [Vistaril, Atarax], Promethazine [Phenergan], Theophylline, Tripelennamine)
- BGP HEDIS ANTIPSYCHOTIC MEDS (Thioridazine [Mellaril])
- BGP HEDIS AMPHETAMINE MEDS (Amphetamine Mixtures [Adderall], Benzphetamine [Didrex], Dextroamphetamine [Dexedrine], Dexmethylphenidate, Diethylproprion [Tenuate], Methamphetamine [Desoxyn], Methylphenidate [e.g. Ritalin, Methylin], Phendimetrazine [Prelu-2], Phenteramine [Ionamin, Adipex])
- BGP HEDIS BARBITURATE MEDS (Amobarbital/Secobarbital [Tuinal], Amytal, Aprobarbital [Alurate], Butabarbital [Butisol], Mephobarbital [Mebaral], Pentobarbital [Nembutal], Phenobarbital, Secobarbital [Seconal])
- BGP HEDIS BENZODIAZEPINE MEDS (Chlordiazepoxide [Librium], Chlordiazepoxide/Amitriptyline [Limbitrol], Diazepam [Valium], Flurazepam [Dalmane])
- BGP HEDIS OTHER BENZODIAZEPINE (Clidinium/Chlordiazepoxide [Librax])
- BGP HEDIS CALCIUM CHANNEL MEDS (Nifedipine [Procardia, Adalat] - short acting only)
- BGP HEDIS GASTRO ANTISPASM MED (Dicyclomine [Bentyl], Propantheline [Pro-Banthine])
- BGP HEDIS BELLADONNA ALKA MEDS (Atropine sulfate, Belladonna, Hyoscyamine [Anaspaz, Cystospaz, Levsin, Levsinex], In combination [Barbidonna, Bellergal-S, Butibel, Donnatal], Scopolamine [Scopace, Transderm-Scope])
- BGP HEDIS SKL MUSCLE RELAX MED (Carisoprodol [Soma], Chlorzoxazone [Paraflex], Cyclobenzaprine [Flexeril], Metaxalone [Skelaxin],

Methocarbamol [Robaxin], Orphenadrine [Norflex])
- BGP HEDIS ORAL ESTROGEN MEDS (Estradiol, Ethinyl estradiol, Premarin, Ogen, Menest)
- BGP HEDIS ORAL HYPOGLYCEMIC RX (Chlorpropamide [Diabinese])
- BGP HEDIS NARCOTIC MEDS (Meperidine, Pentazocine [Talacen, Talwin, Talwin Cpd, Talwin NX], Propoxyphene combinations [Darvon CPD, Darvon N, Darvocet-N], Propoxyphene [Darvon])
- BGP HEDIS VASODILATOR MEDS (Dipyridamole [Persantine] short acting only, Ergot mesyloids [Hydergine], Isoxsuprine [Vasodilan])
- BGP HEDIS OTHER MEDS AVOID ELD (Atropine injectable, Cyclandelate, Desiccated thyroid, Diazepam injectable, Dicyclomine injectable, Diphenhydramine injectable, Dipyridamole injectable, Hydroxyzine injectable, Ketorolac injectable, Meperidine injectable, Methocarbamol injectable, Mesoridazine, Methyltestosterone [Android, Virilon, Testrad], Nitrofurantoin [Macrodantin], Orphenadrine injectable, Pemoline, Pentazocine, Pentobarbital, Promethazine, Premarin injectable, Rectal Diastat, Scopolamine injectable, patches, Trimethobenzamide)

For each medication, the days supply must be >0. If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2006, Discontinued Date=11/19/2006, Recalculated # Days Prescribed=4.

Performance Measure Description:
Decrease the rate of elderly patients with exposure to potentially harmful drugs.

Source:
HEDIS

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts =>65	104		63			65		
# w/exposure to at least 1 harmful drug	22	21.2	14	22.2	-1.1	19	29.2	-8.1
# w/exposure to multiple harmful drugs	9	8.7	2	3.2	+5.5	9	13.8	-5.2

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Drugs to be Avoided in the Elderly (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Male Active Clinical =>65	50		28			27		
# w/exposure to at least 1 harmful drug	10	20.0	5	17.9	+2.1	7	25.9	-5.9
# w/exposure to multiple harmful drugs	3	6.0	1	3.6	+2.4	2	7.4	-1.4
Female Active Clinical =>65	54		35			38		
# w/exposure to at least 1 harmful drug	12	22.2	9	25.7	-3.5	12	31.6	-9.4
# w/exposure to multiple harmful drugs	6	11.1	1	2.9	+8.3	7	18.4	-7.3
User Pop Pts =>65	217		144			142		
# w/exposure to at least 1 harmful drug	24	11.1	15	10.4	+0.6	19	13.4	-2.3
# w/exposure to multiple harmful drugs	9	4.1	3	2.1	+2.1	9	6.3	-2.2

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Drugs to be Avoided in the Elderly (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Male User Pop =>65	95		59			54		
# w/exposure to at least 1 harmful drug	11	11.6	5	8.5	+3.1	7	13.0	-1.4
# w/exposure to multiple harmful drugs	3	3.2	1	1.7	+1.5	2	3.7	-0.5
Female User Pop =>65	122		85			88		
# w/exposure to at least 1 harmful drug	13	10.7	10	11.8	-1.1	12	13.6	-3.0
# w/exposure to multiple harmful drugs	6	4.9	2	2.4	+2.6	7	8.0	-3.0

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Functional Status Assessment in Elders

Denominator(s):
Active Clinical patients ages 55 and older, broken down by gender.

Numerator(s):
Patients screened for functional status at any time during the Report period.

Logic:
Age is calculated at the beginning of the Report period. Functional status screening defined as: any non-null values in V Elder Care for 1) at least one of the following ADL fields: toileting, bathing, dressing, transfers, feeding, or continence AND 2) at least one of the following IADL fields: finances, cooking, shopping, housework/chores, medications or transportation during the Report period.

Performance Measure Description:
Increase the rate of functional status assessment in adults 55 years or older.

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts =>55	237		154			125		
# w/functional status screening	2	0.8	0	0.0	+0.8	0	0.0	+0.8
Male Active Clinical =>55	118		71			58		
# w/functional status screening	1	0.8	0	0.0	+0.8	0	0.0	+0.8

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Functional Status Assessment in Elders (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Female Active Clinical =>55	119		83			67		
# w/functional status screening	1	0.8	0	0.0	+0.8	0	0.0	+0.8

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Fall Risk Assessment in Elders

Denominator(s):
Active Clinical patients ages 65 and older, broken down by gender.
User Population patients ages 65 and older, broken down by gender.

Numerator(s):
Patients who have been screened for fall risk or with a fall-related diagnosis in the past year, including documented refusals.
A: Patients who have been screened for fall risk in the past year.
B: Patients with a documented history of falling in the past year.
C: Patients with a fall-related injury diagnosis in the past year.
D: Patients with abnormality of gait/balance or mobility diagnosis in the past year.
E: Patients with a documented refusal of fall risk screening exam in the past year.

Logic:
Age of the patient is calculated at the beginning of the Report period. Fall Risk Screen defined as any of the following: Fall Risk Exam defined as: V Exam Code 37; History of Falling defined as: POV V15.88 (Personal History of Fall); Fall-related Injury Diagnosis defined as: V POV (Cause Codes #1-3) E880.*, E881.*, E883.*, E884.*, E885.*, E886.*, E888.*; Abnormality of Gait/Balance or Mobility defined as: V POV 781.2, 781.3, 719.7, 719.70 (old code), 719.75-719.77 (old codes), 438.84, 333.99, 443.9; Refusal defined as: Refusal Exam 37.

Performance Measure Description:
Increase the rate of fall risk assessment in adults 65 years or older.

Past Performance and/or Target:
IHS 2010 Goal for Fall Risk Screening: 50%

Source:
HP 2010 15-28 Reduce hip fractures among older adults.

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	BASE PERIOD	%	CHG from BASE %

*** IHS 2008 Selected Measures with Community Specified Report ***
DEMO INDIAN HOSPITAL
Report Period: Jan 01, 2007 to Dec 31, 2007
Previous Year Period: Jan 01, 2006 to Dec 31, 2006
Baseline Period: Jan 01, 2000 to Dec 31, 2000

Fall Risk Assessment in Elders (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts 65+	104		63			65		
# w/ fall risk screen/Dx/refusal	11	10.6	8	12.7	-2.1	8	12.3	-1.7
A. # w/ fall risk screen	1	1.0	0	0.0	+1.0	0	0.0	+1.0
B. # w/ history of fall	1	1.0	0	0.0	+1.0	0	0.0	+1.0
C. # w/ fall injury	2	1.9	1	1.6	+0.3	3	4.6	-2.7
D. # w/ abnormal gait	6	5.8	7	11.1	-5.3	5	7.7	-1.9
E. # w/ refusal	1	1.0	0	0.0	+1.0	0	0.0	+1.0
Male Active Clinical 65+	50		28			27		
# w/ fall risk screen/Dx/refusal	5	10.0	3	10.7	-0.7	2	7.4	+2.6
A. # w/ fall risk screen	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/ history of fall	1	2.0	0	0.0	+2.0	0	0.0	+2.0
C. # w/ fall injury	0	0.0	0	0.0	+0.0	1	3.7	-3.7
D. # w/ abnormal gait	3	6.0	3	10.7	-4.7	1	3.7	+2.3
E. # w/ refusal	1	2.0	0	0.0	+2.0	0	0.0	+2.0
Female Active Clinical 65+	54		35			38		
# w/ fall risk screen/Dx/refusal	6	11.1	5	14.3	-3.2	6	15.8	-4.7
A. # w/ fall risk screen	1	1.9	0	0.0	+1.9	0	0.0	+1.9
B. # w/ history of fall	0	0.0	0	0.0	+0.0	0	0.0	+0.0
C. # w/ fall injury	2	3.7	1	2.9	+0.8	2	5.3	-1.6
D. # w/ abnormal gait	3	5.6	4	11.4	-5.9	4	10.5	-5.0
E. # w/ refusal	0	0.0	0	0.0	+0.0	0	0.0	+0.0

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DEMO INDIAN HOSPITAL
Report Period: Jan 01, 2007 to Dec 31, 2007
Previous Year Period: Jan 01, 2006 to Dec 31, 2006
Baseline Period: Jan 01, 2000 to Dec 31, 2000

Fall Risk Assessment in Elders (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
User Pop Pts 65+	217		144			142		
# w/ fall risk screen/Dx/refusal	12	5.5	9	6.3	-0.7	8	5.6	-0.1
A. # w/ fall risk screen	1	0.5	0	0.0	+0.5	0	0.0	+0.5
B. # w/ history of fall	1	0.5	0	0.0	+0.5	0	0.0	+0.5
C. # w/ fall injury	3	1.4	2	1.4	-0.0	3	2.1	-0.7
D. # w/ abnormal gait	6	2.8	7	4.9	-2.1	5	3.5	-0.8
E. # w/ refusal	1	0.5	0	0.0	+0.5	0	0.0	+0.5
Male User Pop 65+	95		59			54		
# w/ fall risk screen/Dx/refusal	5	5.3	4	6.8	-1.5	2	3.7	+1.6
A. # w/ fall risk screen	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/ history of fall	1	1.1	0	0.0	+1.1	0	0.0	+1.1
C. # w/ fall injury	0	0.0	1	1.7	-1.7	1	1.9	-1.9
D. # w/ abnormal gait	3	3.2	3	5.1	-1.9	1	1.9	+1.3
E. # w/ refusal	1	1.1	0	0.0	+1.1	0	0.0	+1.1
Female User Pop 65+	122		85			88		
# w/ fall risk screen/Dx/refusal	7	5.7	5	5.9	-0.1	6	6.8	-1.1
A. # w/ fall risk screen	1	0.8	0	0.0	+0.8	0	0.0	+0.8
B. # w/ history of fall	0	0.0	0	0.0	+0.0	0	0.0	+0.0
C. # w/ fall injury	3	2.5	1	1.2	+1.3	2	2.3	+0.2
D. # w/ abnormal gait	3	2.5	4	4.7	-2.2	4	4.5	-2.1
E. # w/ refusal	0	0.0	0	0.0	+0.0	0	0.0	+0.0

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DEMO INDIAN HOSPITAL
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Pallative Care

Denominator(s):
No denominator. This measure is a total count only, not a percentage.

Numerator(s):
The total number of Active Clinical patients with at least one palliative care visit during the Report Period. Broken down by age groups.
The total number of palliative care visits for Active Clinical patients during the Report Period. Broken down by age groups.

Logic:
Age is calculated at the beginning of the Report Period.

Palliative Care Visit: POV V66.7.

Performance Measure Description:
Establish the baseline counts of patients receiving a palliative care visit and total number of palliative care visits.

	REPORT PERIOD	PREV YR PERIOD	CHG from PREV YR	BASE PERIOD	CHG from BASE
Total # of Patients w/At Least 1 Palliative Care Visit	15	0	+15	0	+15
A. Total # of Patients <18 w/At Least 1 Palliative Care Visit	0	0	+0	0	+0
B. Total # of Patients 18-54 w/At Least 1 Palliative Care Visit	10	0	+10	0	+10
C. Total # of Patients 55+ w/At Least 1 Palliative Care Visit	5	0	+5	0	+5

*** IHS 2008 Selected Measures with Community Specified Report ***

DEMO INDIAN HOSPITAL

Report Period: Jan 01, 2007 to Dec 31, 2007

Previous Year Period: Jan 01, 2006 to Dec 31, 2006

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Palliative Care (con't)

	REPORT PERIOD	PREV YR PERIOD	CHG from PREV YR	BASE PERIOD	CHG from BASE
Total # of Palliative Care Visits	16	0	+16	0	+16
A. Total # of Palliative Care Visits-Pts <18	0	0	+0	0	+0
B. Total # of Palliative Care Visits-Pts 18-54	10	0	+10	0	+10
C. Total # of Palliative Care Visits-Pts	6	0	+6	0	+6